water-aided colonoscopy for the treatment of colorectal polyps. The objective of this clinical trial was to evaluate the efficacy and safety of UEMR in comparison with conventional endoscopic mucosal resection (CEMR) of diminutive non-pedunculated colorectal polyps.

Methods Patients with small size, non-pedunculated colorectal polyps (4–9 mm in size) who underwent colonoscopy and polypectomy were enrolled in this multicenter randomized controlled clinical trial. The patients were randomly allocated to two groups, an UEMR group and a CEMR group. Efficacy and safety were compared between groups.

Results In the intention-to-treat (ITT) analysis, the complete resection rate was 83.1% (59/71) in the UEMR group and 87.3% (62/71) in the CEMR group (P = 0.478). The en bloc resection rate was 94.4% (67/71) in the UEMR group and 91.5% (65/71) in the CEMR group (P = 0.512) (table 1). Immediate bleeding was observed in 1.4% of patients in the CEMR group (1/71) and 1.4% of patients in the UEMR group (1/71). None of the patients in the UEMR group complained of postprocedural bloody stool, whereas two patients in the CEMR group (2/71) reported this adverse event.

Conclusions Our results indicate that UEMR is safer and just as effective as CEMR for the treatment of small colorectal polyps as such, UEMR is recommended as an alternative approach to excising small and non-pedunculated colorectal adenomatous polyps.