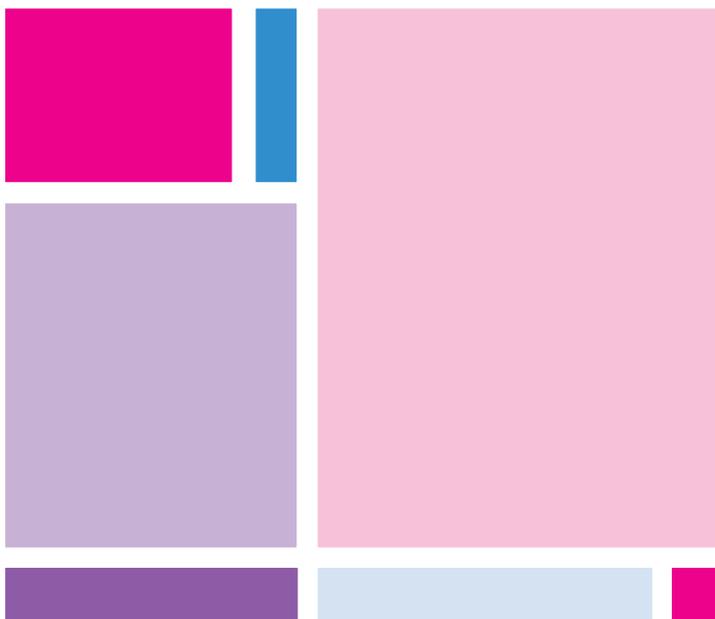


Endoscopic Mucosal Resection (EMR)

**Gastroenterology Unit
Patient Information Leaflet**



Introduction

This information has been produced to provide you with details about a procedure called 'endoscopic mucosal resection' (EMR). This procedure is used to remove large polyps. This information aims to answer any concerns that you may have. Please do not hesitate to contact the Lancashire Bowel Cancer Screening Programme office if you have any further questions or concerns.

What is a polyp?

A polyp is a small wart like growth that sometimes forms on the lining of the bowel. If left to grow, polyps can sometimes turn cancerous. By removing any polyps, your risk of developing bowel cancer is greatly reduced.

Why have I been referred for EMR?

- We have found a polyp in your bowel. Some polyps are very easy to remove, but in your case the polyp is a larger than average or broad based polyp and requires the 'EMR' technique. This is generally considered the simplest and most straightforward method for removing this sort of polyp.

Before your procedure

You will receive the standard patient information and medication for bowel washout before the test. This is the same information and bowel preparation that you will have had for your previous colonoscopy procedure. Please take time to read the information and follow the instructions.

During your procedure

From your point of view, you may notice no difference from your previous colonoscopy. More general information about having a colonoscopy is given in the separate leaflet that you received from the Bowel Cancer Screening Programme. The EMR procedure can take longer than a standard colonoscopy - this can vary depending on the size and position of the polyp, but can take from five minutes to an hour or more. A sedative injection can be given to help you relax during the test or you may have Entonox (Gas and Air) if this is available. Most patients find EMR comfortable – if this is not the case you can tell the colonoscopist and more sedation can be given, or the test can be stopped.

For an EMR, the endoscopist will do four things:

- Use the endoscope (camera) to find the polyp, which has previously been detected in your bowel.
- Assess whether EMR is the best way to remove the polyp. This will be carried out using endoscopic equipment which can remove part, or all, of the polyp. The polyp is raised using an injection of fluid to make it easier to remove, followed by diathermy (a form of heat treatment).
- When the examination is finished the endoscope will be removed quickly and easily.

What are the risks of EMR?

EMR carries the same risks of standard colonoscopy. These are explained in the colonoscopy information leaflet. However because of the technical nature of EMR, the risk of perforation or bleeding is slightly higher (although still very uncommon). In general EMR is considered the safest technique for removing this sort of polyp.

The main risks are:

- Perforation – this means tearing a hole in the bowel. For EMR, this occurs about once in every 100 patients. Occasionally perforations heal with antibiotics and sometimes they can be treated with the endoscope. However usually an emergency operation is required. As with any bowel operation, a stoma (bag on your abdomen) is occasionally required, although this would usually be temporary.
- Bleeding – bleeding may occur once in every 50 or 100 patients (1-2%). Sometimes bleeding occurs during the test, but it can occur up to 14 days after the procedure. If bleeding does occur, it often stops on its own. However, very occasionally it requires a blood transfusion or further endoscopies. Very rarely an emergency operation may be necessary to stop it.
- Incomplete removal - sometimes the endoscopist cannot remove all of the polyp for technical reasons – if this happens you may need to have a further colonoscopy or an operation might be planned at a later date

After your Procedure

You will be able to rest in the recovery area until the immediate effects of the sedation have worn off. Most patients can go home the same day provided they are accompanied home and have a responsible adult at home with them for that day, and overnight. Sometimes (for example if the polyp was very large, or if you live a long way away from the hospital) the colonoscopist might advise that you stay in hospital overnight as a precaution. Please bring an overnight bag with you in case this is recommended. In general, you will be sent a further colonoscopy appointment about two to three months after the EMR, to check all of the polyp has gone – this is usually a quick procedure.

More Information

If you wish to discuss the EMR procedure with the Specialist Screening Practitioner or if you have any further questions, please contact: The Bowel Cancer Screening Programme on 01253 303014 or 01253 303928.

What happens if the endoscopist does not think that EMR is possible?

In this case, you will usually be seen in clinic, and the doctor will discuss whether you need to have an operation to remove the polyp.

Are there any other ways of dealing with my polyp?

Yes. There are three other options:

- Do nothing – leave the polyp where it is. However this is usually not advisable as large polyps often turn cancerous if they are left to grow.
- Remove the polyp by having an operation on the bowel. Although usually a straightforward procedure, this carries the risk of the general anaesthetic and surgery (such as infection) and usually leaves you with a scar on the abdomen (tummy). Sometimes this can require a stoma (bag on your abdomen), although this may only be temporary.
- Laparoscopic Resection of the colon – Key Hole Surgery.

If you have any problems following your endoscopy please phone the Gastro Unit on 01253 303043 between 07.45hrs and 18.00hrs weekdays or phone ward 12 on 01253 303412 out of hours

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Options available

If you'd like a large print, audio, Braille or a translated version of this booklet then please call **01253 655588**

Patient Relations Department

For information or advice please contact the Patient Relations Department via the following:

Tel: **01253 655588**
email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:
Patient Relations Department
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
FY3 8NR

Further information is available on our website: **www.bfwh.nhs.uk**

Travelling to our sites

For the best way to plan your journey to any of the local sites visit our travel website:
www.bfwhospitals.nhs.uk/departments/travel/

Useful contact details

Main Switchboard:
01253 300000

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:
Policy Co-ordinator/Archivist
01253 303397



Approved by:
Date of Publication:
Reference No:
Author:
Review Date:

Quality Governance Committee
11/04/2013
PL/803 V1
wanda.yorke
01/03/2016