Endoscopic Mucosal Resection:

Patient Information

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This procedure requires your formal consent. If you are unable to keep your appointment, please notify the Endoscopy scheduling office as soon as possible. This will
enable the staff to give your appointment to someone else and they will be able to arrange
another date and time for you. Please bring this booklet with you when you attend.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation and whether you wish sedation to be used. Once you have read and understood all the information including the possibility of complications and you agree to undergo the investigation, please sign and date the consent form with the endoscopist

What is Endoscopic mucosal resection (EMR)

EMR involves:

- injection the lining of the Intestinal Tract (Oesophagus, stomach, duodenum, or colon) that surrounds an abnormal growth or polyp so that it raises the area: and allows a wire loop snare to capture the polyp/growth and remove it. This is called a polypectomy.
- EMR is also used to take a sample (biopsy) from the lining of the intestinal tract for analysis.
- If Cancer is present, EMR can help determine if the cancer has invaded tissue beneath the digestive tract lining.

The EMR procedure may be suitable for patients with small polyps (a growth) in the Oesophagus, stomach, duodenum, or colon. For patients with early cancers or those at risk of developing cancer your suitability for EMR will be discussed by a team of specialists in a Multi-Disciplinary Team meeting to decide on a recommended treatment plan. The options will then be discussed with you.

During your EMR

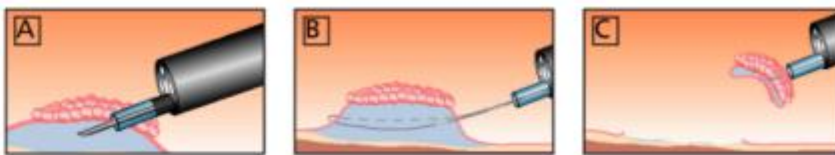
The EMR procedure can take longer than a standard colonoscopy/endoscopy. This can vary depending on the size and position of the polyp/abnormal area, and can take from a few minutes to an hour or more. A sedative injection can be given to help you relax during the test. Most patients find EMR acceptable, however if this is not the case you can tell the consultant and more sedation can be given, or the test can be stopped.

A common approach of EMR includes these steps:

• Injecting some fluid under a lesion (abnormal area) to create a safety cushion between the lesion and healthy tissue underneath it

• Snaring and cutting the lesion with a tool that burns through tissue to separate it from healthy tissue

• Removing the abnormal tissue from your body



Why have I been referred for EMR?

During your previous procedure, a polyp was found in your bowel. Due to its size or flatness, it requires removal using the EMR technique, which is typically the easiest method for such polyps.

Biopsies have likely already been taken and sent for analysis. If they were too small for a diagnosis, a larger sample is needed. If previous biopsies showed the lesion needs removal, the tissue samples will be analyzed, and results won't be immediate. You can discuss the EMR results with your referring doctor.

The main risks are:

• Perforation – this means making a hole through the bowel. For EMR, this occurs about once in every 100 patients. Often perforations heal with antibiotics and sometimes they can be treated with the endoscope. However, sometimes an emergency operation is required. As with any bowel operation, a stoma (bag on your abdomen) is very rarely required, although this would usually be a temporary measure.

• Bleeding – minor bleeding is seen commonly after EMR but usually settles naturally. In one to two in 100 patients, bleeding is more significant and it may require a blood transfusion or further endoscopies. It can occur up to 14 days after the procedure. Very rarely an emergency endoscopy or operation may be required to stop it.

• Incomplete removal – sometimes the endoscopist cannot remove all of the polyp for technical reasons. If this happens, further endoscopic resection or an operation might be planned at a later date.

• Narrowing of the large intestine - removing large rectal lesions can lead to scarring that narrows the large bowel. It may lead to difficulty in opening the bowel and require further treatment. Usually this is amenable to medicine to soften the stool or stretching of the area if required through the endoscope (colorectal dilatation).

Eating and Drinking Preparation

For us to have a clear view during your EMR, your stomach must be empty.

For the endoscopist to see the bowel wall clearly, it is essential that the bowel is completely empty. The doctor requesting the test will have considered if it is safe for you to have the bowel preparation.

The bowel preparation that has been sent to you works as a powerful laxative to clean your bowel. Your bowel preparation medicine and instruction sheet will have been sent to you. Please follow the instruction sheet carefully. It is very important that this preparation works, failure to follow these instructions may result in an unsuccessful procedure.

Please contact the nursing team if you are experiencing any problems taking your bowel preparations.

If you are taking iron tablets (ferrous sulphate), please stop them **7 days** before your test.

Women taking the oral contraceptive pill should be aware that taking bowel preparation
might prevent the absorption of the pill. Additional contraceptive precautions should be taken until the next menstrual period begins.

If you are taking Codeine, Loperamide (Immodium) or Co-Phenotrap (Lomotil), please stop
these **3 days** before your procedure.

Routine Medication
Please telephone the unit if you are taking blood thinning medications such as Warfarin,
Clopidogrel, Prasugrel, Dabigatran, Rivaroxaban or Apixaban. Please telephone for information if you have a latex allergy and if you are diabetic.

How long will I be in the Endoscopy Unit?
You should expect to be in the unit for approximately 2-4 hours depending on how busy the

endoscopy unit is. However, the unit also looks after emergencies and these can sometimes
take priority over outpatient lists.

What Happens When I Arrive?

- Upon arrival, a qualified nurse will greet you and ask about your arrangements for getting home. You'll also have a chance to ask any questions about the procedure.
- A nurse will conduct a brief medical assessment, asking about your medical history and any past surgeries or illnesses to ensure you are fit for the procedure.
- Your blood pressure and heart rate will be recorded. If you have diabetes, your blood glucose level will be checked. If you have breathing problems, your oxygen levels will also be measured.
- If you choose sedation, you cannot drive or use public transport afterward, so please arrange for someone to pick you up. Provide the nurse with their contact number to call when you are ready to go home. Avoid driving, drinking alcohol, operating machinery, or signing any legal documents for 24 hours after the procedure.
- After obtaining your consent, the nurse will insert a small cannula into your hand or arm for administering sedation later.

Intravenous Sedation

For this test, you will receive sedation through a vein, making you drowsy and relaxed, but not unconscious. This is called conscious sedation, meaning you'll be able to follow instructions and breathe normally. However, you'll need a responsible person to take you home afterward for safety reasons.

While sedated, we will monitor your breathing, heart rate, and blood pressure. You will wear a finger probe to check your oxygen levels and heart rate.

The effects of the sedation can last for several hours. Therefore, it's important that you have someone with you for at least 4 hours after the procedure. For 24 hours after the procedure, do not drive, drink alcohol, operate machinery, or sign any legally binding documents.

What Happens in the Procedure Room?

When you enter the procedure room, the Endoscopist and nurses will introduce themselves. You can ask any questions at this time.

You'll be asked to lie on your left side, and a nurse will place an oxygen monitor on your finger. Sedation medication will be given, and you'll quickly become sleepy. A nasal cannula will provide extra oxygen during the procedure.

The endoscope may need to be inserted and removed several times. Afterward, a net will be used to collect tissue samples taken from the lining.

After the Procedure

You'll rest and be monitored until you recover from the sedation, which usually takes 45-60 minutes. Before you leave, a nurse or doctor will explain the findings and provide details about any medications, follow-up tests, or appointments needed.

Because sedation can make you forgetful, having a family member or friend with you is helpful when you receive this information. You will also get a printed endoscopy report.

If you experience vomiting or severe chest, neck, or abdominal pain, contact the Endoscopy unit or the out-of-hours team or 111.

When will I know the result?
When the results of samples have been analysed you may be contacted by a Clinical Nurse
Specialist, and/or sent a letter explaining the future plan and / or an outpatient appointment.

If you have had sedation you must follow these instructions for 24 hours after your procedure

- You will need someone to stay with you overnight
- Do not drink alcohol or smoke
- Do not drive any form of transport or operate machinery
- Do not sign any legal documents
- Do not take any drugs other than those prescribed for you
- Please adhere to any discharge advice you may be given by the nursing or medical staff
- You may eat and drink normally following the procedure as long as you can tolerate
- You should rest overnight and if you feel well enough you should be able to return to
work the next day but should not drive

"This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg" .