

# Endoscopic Mucosal Resection (EMR)

## Endoscopy

## Diagnostics, Therapeutics & Central Operations

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



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# Information for patients and visitors

## Introduction

This leaflet has been produced to give you general information about your treatment and procedure and answer any questions you may have. It is not intended to replace the discussion between you and your doctor, but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the health care team who has been caring for you.

## What is an Endoscopic Mucosal Resection (EMR)?

An Endoscopic Mucosal Resection, sometimes called an EMR is different way of removing larger and flatter polyps in the bowel.

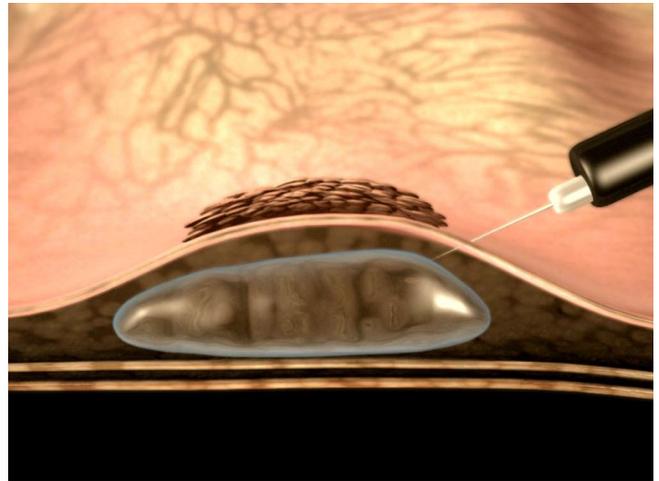


A colonoscope is passed along the bowel to find the polyp seen during your previous test.

Carbon dioxide or air is gently pumped in to the bowel to allow good views of the polyp during its removal.

Blue dye may be sprayed onto the polyp to help outline the edges of the polyp to assist complete removal.

A small amount of fluid is injected under the polyp to lift it away from the deeper muscle layers of the bowel wall.



This helps to identify polyps that can be removed in this way. It also increases the chance of complete removal and reduces the risk of complications.

A wire loop is then passed down the colonoscope and over the polyp, which then can be removed. Diathermy (a low electrical current) is used to remove the polyp and seal the area left behind.



The polyp is collected and sent for examination under the microscope.

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Sometimes we inject a small amount of ink to identify the site where we have removed the polyp. This is called a tattoo.

If the polyp is greater than 2cm it may be removed in stages involving more than one procedure to reduce the risk of complications.

### **Why do we think the polyp is suitable for removal by the endoscopic technique?**

The polyp we have found is flat and does not look malignant. This type of polyp is suitable for Endoscopic Mucosal Resection and avoids undergoing a major operation.

### **Are there other ways of dealing with my polyp?**

Yes there are other options:

**Do nothing** and leave the polyp where it is. However if left, some polyps can change to bowel cancer, especially larger ones and we would advise removal of the polyp. We cannot tell by looking at a polyp if it contains cancer cells or not. We need to look at the polyp under a microscope.

**Attempt to remove the polyp without lifting it.** However this method may not completely remove the polyp and increases the risk of bleeding and perforation.

**An operation** to remove the polyp. Although this is usually straightforward it does carry the risks of surgery which include infection, anaesthetic, leakage at the operation site, abdominal scars and possible stoma (a stoma is formed by part of the bowel being fixed on the tummy and requires a bag to be worn).

### **How do I prepare for the Endoscopic Mucosal Resection?**

Please feel free to share the information contained within this leaflet with your partner and family so that they can be of help and support. There may be information they need to know, especially if they are taking care of you following this examination.

The Screening Consultant or Specialist Screening Practitioner will have discussed the procedure with you, however if there are any changes to your health or medications prior to your appointment please let us know.

The type of endoscopy you have will depend on where the polyp is located in the bowel. A flexi-sigmoidoscopy is used when a polyp has been found on the left side of the bowel and a colonoscopy is used when a polyp has been found on the right side of the bowel. Please read the procedure information provided and do not hesitate to contact us you have any questions.

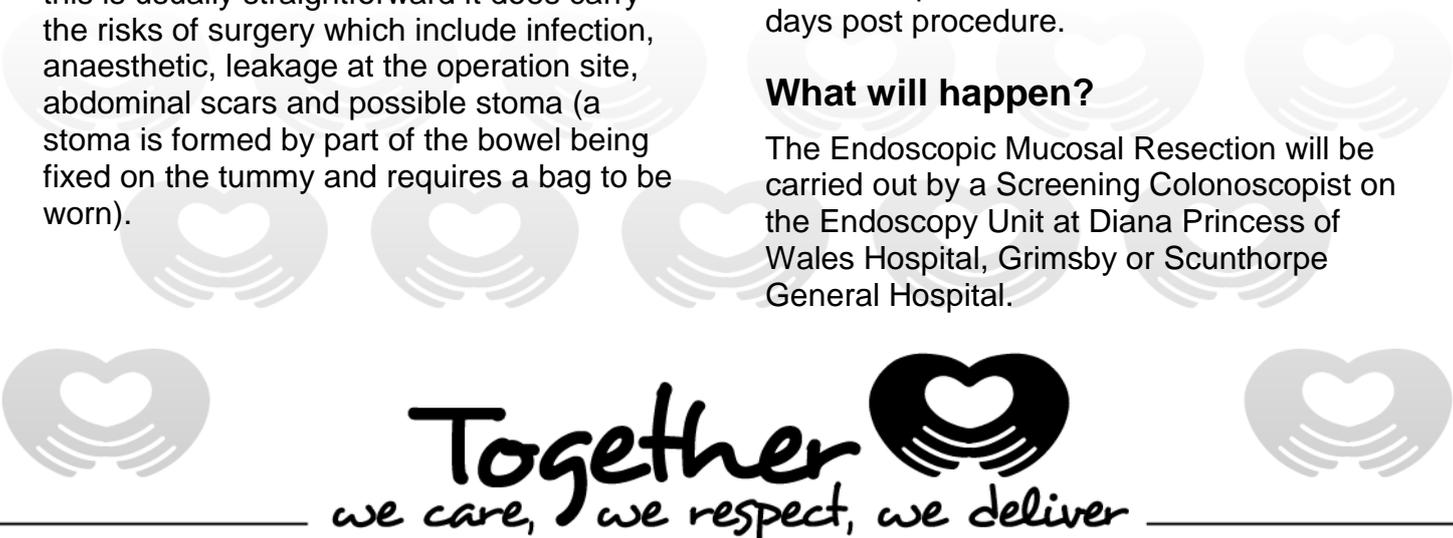
You will also be asked to take a 'bowel preparation' to clean the bowel again as it is very important to be able to see the polyp clearly during removal. Please read and follow the instructions carefully.

Do stop drinking 2 hours before your procedure.

Oral contraceptives may be flushed out during the process of taking preparation. Additional precautions must be used for the 7 days post procedure.

### **What will happen?**

The Endoscopic Mucosal Resection will be carried out by a Screening Colonoscopist on the Endoscopy Unit at Diana Princess of Wales Hospital, Grimsby or Scunthorpe General Hospital.



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The nursing staff will greet and support you throughout your stay. You will be asked to change in to a gown and have your blood pressure, pulse and oxygen levels checked. A needle will be placed in a vein on the back of your hand so that we can provide you with sedation and pain relief.

The Screening Colonoscopist will explain what is going to happen, answer any further questions and ask you to sign a consent form.

You will be asked to lie on your left side on the examination trolley. The nurse will monitor your pulse and oxygen levels throughout the procedure. You will also be given oxygen by a nasal tube.

The carbon dioxide or air can make you feel bloated and uncomfortable during the procedure so please let us know how you are feeling.

Endoscopic Mucosal Resection may take longer than your previous endoscopic examination.

## What happens afterwards?

After the procedure the Endoscopy staff will move you into the recovery area where your recovery will be monitored. This will involve checking your blood pressure and pulse at regular intervals. You will be asked to stay on your side and get rid of any wind as you may feel bloated.

As you continue to recover you will be sat up and eventually you will be able to get up and have a drink.

We will be able to discuss your test results with you before you go home but samples have been taken and these results may not be available for a few weeks.

Your GP will receive a copy of the endoscopy report.

If you have had sedation you must have someone to take you home and stay with you overnight. As the effects of sedation can last 24hrs you must not drive, operate machinery, sign legal documents or care for children during this time.

You will be provided with an advice sheet before you go home which does include information on what to look out for and who to contact if you have any problems or concerns.

A Specialist Screening Practitioner from the screening centre will ring you at home a day or two after your procedure.

## Are there any risks and possible complications?

There are some risks and possible complications associated with Endoscopic Mucosal Resection.

The risks for Endoscopic Mucosal Resection are higher for bleeding and perforation than a standard removal of polyp.

### Minor Complications:

- Bleeding can occur from the bottom (the anus) which has a very good blood supply and is the area where piles (haemorrhoids) are found. Inserting the scope into the bottom can cause this type of bleeding which may be spotting on the toilet paper or drops in the toilet which should settle in a day or two
- Blue or black dye if used during the procedure may be seen next time you go to the toilet



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### Major Complications:

With the standard removal of a polyp bleeding may occur in 1 patient out of every 150 patients and perforation may occur in 1 patient out of every 1500 patients. The level of risk depends on how big the polyp is and where it is. There are no national figures we can provide for you but estimates are made through current endoscopy research (see major complications). If you would like to know our rates for serious complications please ask and we will do our best to answer your questions.

- **Bleeding** may occur in 1 patient out of every 50 patients
- It can happen at the time but can also present a few weeks after the procedure. Bleeding usually stops on its own but occasionally it may require a hospital stay, blood transfusion or further treatment
- When you have had a polyp removed you should expect a little bleeding such as 'spotting' on the toilet paper or small drops in the toilet bowl. This usually subsides quickly. If bleeding begins to increase or large clots are seen and you begin to feel unwell or faint you must seek medical advice
- **Perforation** (making a small hole in the bowel wall) may occur in 1 patient out of every 100 patients
- It can occur at the time but can also occur a few weeks after the test. If this happens you may need an operation to repair your bowel and as with any bowel surgery sometimes this means a stoma, although this can be temporary
- If you begin to feel unwell, feel nauseous or vomit, your tummy becomes hard,

swollen and painful, hot and shivery you must seek medical advice immediately as these types of symptoms can develop if there is a perforation (small hole in the bowel wall)

- We would advise against traveling abroad within 2 weeks of an Endoscopic Mucosal Resection. If you have any travel plans please discuss these with us
- **Sedation** is usually a combination of a pain relief and a sedative, both of which can have an effect on the heart and lungs. Some people can be particularly sensitive to these drugs and can breathe too shallow and slow. If this happened we would stop the test and give antidotes to the drugs to reverse their effects. Serious complications are rare. However, people with pre-existing medical conditions, such as heart and lung problems, can have an increased risk of complications. You will be monitored throughout the procedure by appropriately trained endoscopy nurses

### Other risks:

- **Incomplete removal or unable to remove the polyp.** If this happens it may mean you have to come back for further procedures or the polyp may have to be removed in a different way. We will discuss this with you before you go home

### What happens if the polyp will not lift when injected?

If the polyp will not lift when injected this tells us that we cannot remove it using this technique. If this happens, we may take some more samples and refer your care to another consultant to explore another way to remove it. We will talk to you about this before you leave the department.



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**Should you require further advice on the issues contained in this leaflet, please do not hesitate to contact us at Bowel Cancer Screening Office Tel: 01472 302321**

## General Advice and Consent

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with your doctor. You will be asked to sign a consent form and you should be satisfied that you have received enough information before going ahead.

### Consent to Treatment

Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. **You should always ask them more questions if you don't understand or if you want more information.**

For an Endoscopic Mucosal Resection you will be given both verbal and written information and after having time to ask questions, you will be asked to sign a consent form to show you have received enough information and you understand it. The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or valid. That means:

- you must be able to give your consent
- you must be given enough information to enable you to make a decision

- you must be acting under your own free will and not under the strong influence of another person

### How much do I need to know?

Some people want to know as much as possible about their condition and possible treatments; others prefer to leave decisions to the experts. No one providing health care will force information on you, for example, about the risks of treatment if you don't want to know. But remember, the person in the best position to know what matters most is **you**. Only you can know what is most important to you.

### Information about you

As part of your care, when you come to the hospital, information about you is shared between members of a health care team, some of whom you may not meet. It may be used to help train any staff involved in your care. Information we collect may also be used after you have been treated to help us to maintain and improve the quality of our care, to plan services, or to research into new developments.

We may pass on information to other health organisations to help improve the quality of care provided by the NHS generally.

All information is treated as strictly confidential, and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the Data Protection Act (1998), Northern Lincolnshire and Goole NHS Foundation Trust is responsible for maintaining the confidentiality of any information we hold on you.



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## References

This leaflet was produced by Humber & Yorkshire Coast Bowel Cancer Screening Centre, Hull and East Yorkshire Hospitals NHS Trust / Northern Lincolnshire and Goole NHS Foundation Trust and will be reviewed in December 2012.

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## Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

### For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

### For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:  
[nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

## Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine

need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

## Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

## Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.



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### Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

### Northern Lincolnshire and Goole NHS Foundation Trust

**Diana Princess of Wales Hospital**  
Scarcho Road  
Grimsby  
01472 874111

**Scunthorpe General Hospital**  
Cliff Gardens  
Scunthorpe  
01724 282282

**Goole & District Hospital**  
Woodland Avenue  
Goole  
01405 720720

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

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