

# A guide to EMR (Endoscopic Mucosal Resection)



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**Saving lives,  
Improving lives**

This information leaflet gives additional information to that given in your gastroscopy, sigmoidoscopy or colonoscopy leaflet, and has been produced to provide you with details about a technique called Endoscopic Mucosal Resection (EMR) that is used to remove flat or larger polyps.

We hope that this leaflet will address any concerns that you may have but if you have any additional queries please don't hesitate to contact us on the telephone number given at the end of this leaflet.

## What is a polyp?

A polyp is a fleshy growth that forms on the inside of the bowel. Some people may develop just a single polyp, while others can have two or more.

Polyps come in different sizes and shapes, some can be on a stalk (in which case the polyp looks a little like a mushroom growing up from the lining of the bowel) or they can be much flatter and even have quite a broad base. Polyps are usually benign but if left to grow they can sometimes develop cancerous changes within them. By removing the polyp your risk of developing bowel cancer is reduced.

## What is EMR?

EMR is the name of the technique used to raise a polyp up away from the bowel wall using an injection of fluid under the polyp in order to make it easier to identify and remove safely.

If the endoscopist is not able to remove the polyp using this technique, surgery may be necessary.

## Before your procedure

If your polyp is located in the lower bowel (colon) and you are scheduled to have a sigmoidoscopy or colonoscopy you will be required to take bowel preparation to clear the bowel out.

Please take time to read the enclosed bowel preparation leaflet well in advance and follow the instructions carefully. If the bowel has not been cleaned out enough, it may not be possible to do the EMR.

If you are having a gastroscopy then you will simply need to fast for six hours as advised in the gastroscopy information leaflet.

## During your procedure

From your point of view the procedure may seem no different from your previous colonoscopy.

The EMR often takes longer than a standard colonoscopy. How long it will take, depends on the size and position of the polyp but it can vary from 10 minutes to over an hour.

A sedative injection will be offered to help you relax during the test or you may have Entonox (gas and air) if this is appropriate.

Most patients find EMR comfortable but if you do have discomfort it is important that you tell the endoscopist, so that if possible, more sedation or painkiller medication can be given or the test can be stopped.

Polyps can be completely removed with EMR technique in either one big piece or in the case of large polyps; in many smaller pieces. This process can take some time.

## After your procedure

You will rest in the recovery area until the immediate effects of the sedation have worn off.

Most patients can go home on 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 being removed is very large or if you experience a lot of pain during or after the test, the endoscopist might advise you to stay in hospital overnight as a precaution.

In general you will be sent a further endoscopy appointment about three months after the EMR to check that the entire polyp is gone and the scar has healed. This is usually a quick procedure.

## Risks of EMR

EMR carries a higher risk than ordinary endoscopy and polyp removal, this is because it is used to remove much larger polyps but it is still by far the safest way to remove large polyps and is much less risky than surgery which is the only other way of removing large polyps. The main risks are perforation, bleeding and pain.

Perforation means making a hole in the bowel wall. This is a serious problem and if it happens you will always be required to stay in hospital. Occasionally perforations heal with antibiotics and sometimes they can also be treated with the endoscope at the time of the procedure but 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.

**Perforation** happens on average **once in every 200 EMR procedures**. It may happen at the time of the procedure or more rarely up to 2 weeks later. You will be given an information leaflet about the procedure to let you know what to look out for.

Severe **bleeding** from the back passage happens on average **once in every 50 EMR procedures**. The risk will depend on how big the polyp is and where in the bowel it is found. Sometimes the bleeding will happen immediately after the test but it can also occur up to 14 days later.

If bleeding does occur it often stops on its own but occasionally a blood transfusion or further endoscopies may be needed.

Very rarely an x-ray procedure or even an emergency operation may be necessary to stop it.

Some stomach **pain** is not unusual for a day or two after the procedure. This is because the bowel wall is starting to heal itself.

In about **one case in every 20**, the pain may be more severe and last longer. In some cases it will be necessary to spend a day or two in hospital so that strong painkillers can be given.

If you if you have pain at home after the EMR you can take paracetamol or codeine containing painkillers. Aspirin and Ibuprofen should be avoided because they can increase the risk of bleeding.

## Travelling abroad following EMR?

There is a small risk of side-effects or problems happening for up to 14 days after an EMR. For this reason you are strongly advised to avoid air travel for two weeks afterwards.



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Chinese

如果需要翻译，请拨打电话

Farsi

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or Email:

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