

ENDOSCOPIC MUCOSAL RESECTION(EMR)

Information Leaflet

Having an EMR

Previous tests have shown that you have a polyp in your large bowel (colon). Your doctor has advised that you should have the polyp removed by a procedure called endoscopic mucosal resection or EMR.

What are colonic polyps?

A polyp is a small wart like growth that sometimes forms on the lining of the bowel. Most polyps are harmless but if they are left to grow, some form of polyps can become cancerous. By removing the polyp, your risk of developing bowel cancer is greatly reduced. Most polyps do not cause any symptoms, but in some cases they can cause bleeding or a change in bowel habit.

Anyone can develop colonic polyps, but certain people are more likely to get them than others.

You have a greater chance of having polyps if:

- You are 50 years of age or older.
- You have had polyps before.
- Someone in your family has had polyps or bowel cancer.
- You are a smoker, overweight or have a poor diet.

Why have I been referred for an EMR?

Some polyps are easier to remove, but in your case, the polyp that has been found is larger than average and requires the EMR technique. This is generally considered the safest method for removing this sort of polyp.

What is EMR ?

Endoscopic mucosal resection is usually carried out as part of a colonoscopy or flexible sigmoidoscopy. You will have already

If not already arranged, an outpatient's appointment will be sent to you in the post.

Endoscopy Reception :0161 9224914.

For after care advice please contact below numbers

8am-7pm Endoscopy Unit : 0161 9226212

7pm– 8am Out of hours : 0161 9224917

Sarah Irvine—Endoscopy Unit Manager 2018

undergone one of these procedures as we know you have the polyp.

As before, you will receive the standard medication for bowel washout before your procedure and receive sedative drugs during the test. Please take time to read and follow the instructions carefully.

Even if you did not have sedative for your last endoscopy please consider it for your EMR. This procedure takes longer and the endoscopist may need to put more air into your bowel for longer periods of time. Therefore you will be more uncomfortable than at your last procedure.

The EMR procedure can take longer than the standard colonoscopy, but this can vary depending on the size and position of the polyp. It may only take ten minutes to remove a relatively small polyp but the procedure can sometimes take over an hour. The specialist endoscopist will then assess whether EMR is the best way to remove the polyp and if so, will proceed to remove the polyp.

The polyp is identified with the colonoscope and assessed for removal by EMR.

A special needle is passed through the endoscope and inserted under the base of the polyp. Fluid is injected under the polyp to lift it off the lining of the bowel.

A wire snare is passed around the raised polyp, pulled tight and an electric current is passed through the snare which cuts the polyp and cauterises any blood vessels. If the polyp is very large, it may be removed in several pieces in the same way.

Once the polyp has been removed, it is saved so that it can be sent

to the lab for further analysis.

What are the benefits?

Removal of the polyp will reduce your risk of developing bowel cancer.

What are the risks?

EMR carries the same risks as a standard colonoscopy or flexible sigmoidoscopy which are explained in the relevant leaflets. However because of the technical nature of EMR, the risk of perforation or bleeding is slightly higher.

The main risks are:

Perforation This is a tear in the bowel wall. For EMR, this is a 1% - 2% of patients with the highest risk being when removing large polyps on the right hand side of the colon. Some perforations may heal with just intravenous antibiotics and clips being applied at the time of endoscopy, but usually an emergency operation is required.

Bleeding Bleeding can occur in 1% - 2% of patients. The bleeding may occur immediately during the procedure, but sometimes can be up to 14 days afterwards. If bleeding does occur, it frequently stops on its own without any intervention. However, very occasionally, it requires a blood transfusion or a repeat endoscopy. Very rarely emergency surgery may be needed.

Incomplete removal Sometimes the endoscopist cannot remove the entire polyp for technical reasons. If this is the case, you may need a further endoscopy or an operation at a later date.

After your procedure

You will be able to rest in the recovery room 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 with them. Occasionally an overnight stay at the hospital may be required, please bring an overnight bag with you in case this is recommended.

Your results

Once you are fully awake, a doctor or nurse will provide some information regarding the findings from your procedure, and any further tests which may be required. If you would like a relative or friend present, we can do this with your consent.

The polyp is usually retrieved during an EMR procedure and sent to the laboratory for further analysis. It can take up to 7 to 10 days before a result is available. Sometimes, decisions about further management can only be made once these results become available.

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