

Having an Endoscopic Mucosal Resection

What is an Endoscopic Mucosal Resection?

Endoscopic Mucosal Resection (EMR) simply defines a technique to remove polyps larger than 2 centimetres. It is undertaken at either colonoscopy or flexible sigmoidoscopy under sedation or with the patient awake. The reason for removing the polyp (a wart like lesion on the inner layer of the lining of the bowel wall), is that polyps carry a risk of becoming colorectal cancer if left and the larger the polyp, the more likely this is to be the case.

Why would I need this procedure?

Additional time is usually required to undertake this procedure and so the polyp may not have been taken out at the initial procedure as it was unexpected and insufficient time would have been allocated also the Endoscopist who did the initial procedure may not have the experience in dealing with these polyps.

Once a decision has been made to remove the polyp, the lesion is injected with a liquid containing dye and adrenaline to highlight the lesion and reduce bleeding during the procedure. The polyp and it is removed in one or several pieces using electrical current to cut through the tissue.

There are several techniques that can be used to reduce the risks of the procedure. These risks include a greater risk of perforation requiring admission and possibly surgery or bleeding compared to removing smaller lesions. The benefits of this procedure outweigh the risk.

Following removal of the polyp, a further procedure is generally carried out at 3 months to ensure the site is clear of polyp remnants and then further colonoscopies are undertaken at intervals over the subsequent few years.

What are the alternatives?

Firstly, we could leave the polyp and do nothing. This however is usually not advisable as large polyps have a higher risk of becoming cancerous, but in some circumstances, the risks may outweigh the benefits and your doctor will discuss these with you.

Secondly, the polyp could be removed by having an operation on the bowel. This is usually a straight forward procedure but carries the risks of general anaesthetic and surgical complications such as infection. These risks may be considerably higher if you have other medical conditions.

When possible, EMR is considered to be the safest way to remove this type of polyp.

What should I do before I come into hospital?

For the EMR to be successful, your bowel needs to be cleared of waste material.

This can be done by **enema or bowel preparation**. Your endoscopist will decide which is the most suitable for you.

The enema can be self-administered at home. If you have not been provided with an enema it will be given on the Endoscopy Unit.

If you were given bowel preparation, please follow the enclosed instructions, particularly those relating to your diet and fluid intake. If you have any queries regarding your bowel preparation please contact the endoscopy department. You can further help to empty your bowel by increasing your intake of clear fluids (black tea or coffee, clear soup, Oxo and water, etc.)

The bowel preparation will give you loose bowel movements and you will need to go to the toilet frequently. Please plan your day accordingly. If you are taking iron tablets you should stop taking them seven days before your test.

You may take your usual medication with a small amount of water or bring it with you and take it after the test if required. If you are diabetic, your consultant will discuss your diabetic management with you prior to your test. If you have any concerns please contact our diabetic liaison nurse in Endoscopy:

- Conquest Hospital Endoscopy Unit - Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit - Tel: 0300 131 4595
- Opening hours: Monday to Friday - 08.00 hours to 18:00 hours.

If you take any blood thinning medication (except aspirin) such as warfarin or clopidogrel please contact the Endoscopy Department for further advice as you may have to stop these drugs prior to your procedure.

What do I need to bring with me?

Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and allergies.
- Reading glasses.
- Dressing gown and slippers for your use if you choose

Do not bring any valuables with you, as the trust cannot take responsibility for any losses.

What will happen when I arrive on the Endoscopy unit prior to my procedure?

A trained nurse will ask you questions about your medical conditions, medications, any allergies and record your blood pressure. The nurse will explain the procedure, discuss your preference for conscious sedation or Entonox and will give you the opportunity to ask questions.

You will have a small plastic needle (cannula) put into a vein in your arm so that you can be given conscious sedation should you choose or any other medication. You will also be asked to put on a hospital gown and dignity shorts if you require. You will then be asked to sign a consent form. This is to confirm that you understand the procedure and want to go ahead with it. You will then be taken to a pre procedure waiting room a nurse will then collect and take you through to the procedure room for your procedure.

Will I need conscious sedation?

Should you choose conscious sedation injection you must be aware it is not like having a general anaesthetic. It will make you feel relaxed and drowsy, you will be able to hear and understand what is being said to you. The sedative is given through the cannula in your arm. Alternatively you will be given the choice of Entonox (gas and air). Entonox is self-administered, you will be asked to breathe normally using a mouth piece. You will start to feel light-headed as

you breathe the gas. When you stop breathing the Entonox you will feel normal again within a few seconds.

What happens during the EMR?

You will be asked to lie on your left side with your knees bent. You may be asked to change your position during the procedure. You will be given oxygen via a mask or a nasal sponge (a small sponge that sits in your nostril). The nurses will watch you closely during the procedure and will monitor your pulse and blood pressure.

Before the procedure starts you will be given your conscious sedative injection and a painkiller through the cannula in your arm. This will make you drowsy and relaxed. Alternatively if you choose Entonox you will be given the mouthpiece to practice with.

The colonoscope is carefully passed into the rectum into the large bowel. In order to see and move forward through the loops of the bowel, air will be blown into your bowel via the colonoscope. This can sometimes feel uncomfortable, giving you a bloated feeling.

What happens after the test?

You will be transferred to the recovery area where you will have your blood pressure and pulse monitored for at least one hour. When you are ready to go home the nurse or endoscopist will discuss the results of your colonoscopy in a private room. If you wish to have a family member/friend present please inform the nurse.

How will I feel afterwards?

You may feel tired following your procedure and may experience some bloating for a few hours after the test.

What can I expect following conscious sedation?

The effects of sedation can last up to 24 hours. You will need a responsible adult (aged 18+) to collect you from the Endoscopy Unit and stay with you for at least 12 hours after your test. You must not drive a car/ motorbike, operate machinery (including using your cooker), drink alcohol, look after any young children alone, take sleeping tablets or sign a legal document within 24 hours of having a sedative. We advise you to go home and rest. You can eat a light diet, drink as normal and take your usual medication.

What can I expect following Entonox?

You do not need an escort to take you home. You are able to drive a car/motorbike 30 minutes after your procedure. We advise you to go home and rest. You can eat a light diet and drink as normal and take your usual medication.

What are the potential risks and side effects?

Potential risks include perforation, bleeding, missed pathology and adverse effects of medications. If you develop any of the following symptoms you need to consult a doctor immediately:

A lot of bleeding rectally that does not stop
Abdominal distension
Vomiting

Severe abdominal pain
Fever

When can I return to work?

You should be able to resume normal activities 24 hours after the EMR or sooner if you did not have the sedation.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following have been consulted and agreed this patient information:

Consultant: Mrs Morris and Dr A. Jeevagan

Endoscopy Unit nurses: T Holmes-Ling, H Foster and F Makura

The directorate group that have agreed this patient information leaflet:

Endoscopy User Group

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Responsible clinician/author: T Holmes-Ling

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