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Endoscopic mucosal resection (EMR)

Information for patients attending King's College Hospital site only

This information leaflet answers some of the questions you may have about having an endoscopic mucosal resection (EMR). It explains the risks and the benefits of the procedure and what you can expect when you come to the hospital. If you have any more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

Reception	020 3299 3599
Pre-assessment Clinic	020 3299 2775
Nurse's Station	020 3299 4079

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

www.kch.nhs.uk

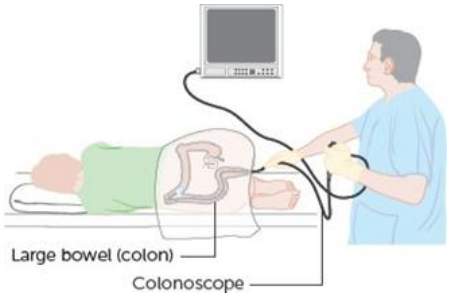
Contents

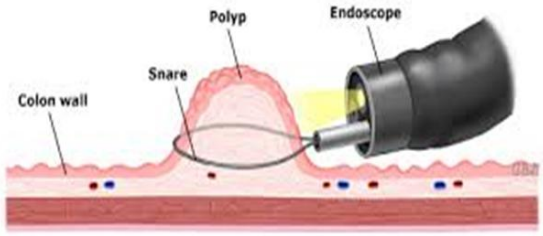
Important information
Please make sure you read and follow the instructions in the following sections on pages 5 to 6:

- Do I need to prepare for the procedure?
- Do I need to stop taking my medicine?
- What will I need on the day of the procedure?
- Things to remember?

Failure to follow this advice will result in your appointment being cancelled.

What is an endoscopic mucosal resection (EMR)?





An EMR is a procedure we use to remove large polyps, growths that sometimes form on the inside lining of your bowel (mucosa). These are usually precancerous growths.

The first part of the procedure is the same as having a colonoscopy. A long, thin, flexible tube called a colonoscope is inserted into your back passage (anal canal) and higher up into your rectum and colon (large bowel). The colonoscope has a light and a camera on its tip which sends video images to a monitor screen.

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

A special needle is passed through the colonoscope and inserted under the base of the polyp. Fluid is injected under the polyp, producing a small bubble of liquid which lifts the polyp away from the muscle wall of the bowel. Sometimes, instead of injecting fluid under the polyp, it is immersed in saline fluid to help it ‘float’ to bring it away from the bowel muscle wall

A wire snare is passed around the raised polyp. The snare is pulled tight, and an electric current (diathermy) is usually passed through the snare (controlled with a specialised device). This cuts the polyp off and cauterizes any blood vessels. If the polyp is very large, this process is repeated and the polyp is removed in several pieces.

Once the polyp has been removed, it is sent to the pathology lab for further analysis. The inside lining can safely be left to heal over, but sometimes it is closed with special clips or sutures to help prevent delayed bleeding.

Why do I need this procedure?

If they are left to grow, polyps can turn cancerous. This risk is higher in larger polyps. By removing any polyps, your risk of developing bowel cancer is greatly reduced. Some are easy to remove, but in your case the polyp is larger or more difficult than usual. An EMR is often the safest and most effective way of removing this sort of polyp.

What are the benefits?

By removing polyps, your risk of developing bowel cancer is greatly reduced. Where an EMR procedure can successfully be performed, major surgery is avoided.

What are the risks?

An EMR is a safe procedure, and serious complications are rare. The risks include:

- **Bleeding.** There is a 1 to 4 in 100 risk of bleeding depending on the size, shape and location of the polyp and other factors such as whether you usually take blood thinning medicine. This can happen during the procedure but is almost always easily controlled. It can also happen up to approximately 2 weeks after the procedure, although in most cases, if it occurs, it happens within the first few days.
  Bleeding usually stops on its own, but occasionally you may need to stay in hospital, have a blood transfusion, or need more invasive treatment. After having a polyp removed you will have a little bleeding such as spotting on toilet paper or small drops in the toilet. This is normal. If the bleeding gets worse or you see large blood clots and you begin to feel unwell or faint, you must attend the Emergency Department (A&E).
- **Perforation.** There is less than a 1 in 100 risk of making a perforation (small hole) in your bowel wall which needs further treatment. This can happen during the procedure or, rarely, on the days after the procedure. If this happens, you may need to be admitted to hospital for antibiotics or monitoring or, in severe cases, need surgery to control infection. This sometimes means you need a stoma, although this is rare and usually temporary.
  If you begin to feel unwell – hot and shivery, feel sick or vomit, your tummy becomes hard, swollen and painful – you must seek medical advice immediately as these are symptoms of perforation.
  Do not travel abroad within two weeks of having an EMR. If you have any travel plans, please discuss them with your doctor.
- **Drug reactions** may occur very rarely. If you do have a reaction, we will give you medicine to reverse the effects.
- **Failure to complete the EMR.** Rarely, we are not always able to remove the polyp in one procedure, so you may need to have another EMR or other treatment. If this happens, we will discuss alternatives with you.
- **Discomfort** from the air being used to inflate your bowel. Please see the section ‘Will it hurt?’ on page 5.

If any of the above complications happen, you may be admitted to the hospital for observation or further treatment.

Are there any alternatives?

The polyp may be treated by having an operation to remove the section of the bowel where it is located. This carries the risks of having major surgery. Your surgeon will discuss this with you.

If left in place the polyp can keep growing and may turn cancerous. We do not usually advise you to do nothing, but this may occasionally be an option depending on your age, the specific polyp characteristics, and your overall health.

Do I need to have a sedative?

Most people undergoing EMR have a sedative as the procedure is longer and more uncomfortable than a standard colonoscopy.

A sedative relaxes you but does not make you unconscious or 'knock you out'. You should still be able to talk to the staff during the procedure, tell them how you are feeling, and see the monitor screen if you wish.

Will it hurt?

We may put air or gas into your bowel so that we can see clearly. You may feel 'wind' or cramps during the procedure and perhaps a sudden, sharp localised discomfort as the tube is pushed around the bends.

If you find the procedure too uncomfortable, please tell the endoscopist. They can give you medicine to ease the pain or change what they are doing.

Do I need to prepare for the procedure?

- If you are expecting to have sedation for your procedure, you must arrange an escort to collect you from the department and stay with you for at least the first 12 hours. We cannot give you a sedative unless you arrange this.
    - See 'Do I need to have a sedative' above for more advice.
    - See 'Advice after having a sedative' on page 8 for advice about things you should not do during the first 24 hours after having sedation.
- You need to have a nursing pre-assessment before the date of your procedure. If we cannot contact you for your pre-assessment, we will not be able to advise you how to prepare for your procedure. Therefore, the procedure may be cancelled on the day.
- We need to get a clear view of the inside of your colon, so it must be as clean as possible. You need to take a laxative to prepare your bowel. Information which explains how and when to use the laxative will be ready for collection or will be posted to you after the pre-assessment.

Do I need to stop taking my medicine?

If you are taking any medicine which you have been told may thin your blood, inform the nurse during your pre-assessment. You may need to stop taking them for a short time.

If you take iron tablets, stop taking them at least one week (preferably up to two weeks) before the EMR, if possible.

If you are taking any other medicines, including diabetes medicine, discuss these with the pre-assessment nurse. They may need to be stopped before the procedure.

What will I need on the day of the procedure?

- Please wear comfortable, loose clothing.
- Please bring a list of any medicines you are currently taking.
- Please bring reading glasses if you need them as you will need to read and sign your consent form.
- You may want to bring something to read while you wait, or headphones to listen to music or a podcast.
- You may need to change into a hospital gown for your procedure, so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please bring a re-usable bag to put your belongings in while you are having your procedure.
- Please consider walking or using public transport on your way to the hospital, if you can, to reduce the carbon footprint of your appointment.
- If you use a NIPPY at home for sleep apnoea, please remember to bring it with you.
- There is no public car parking at King's College Hospital. For further information, please visit www.kch.nhs.uk/patientsvisitors/getting-to-kings/parking

Things to remember

- Your appointment time is the time you are expected to arrive at the department. However, you should plan to be in the Endoscopy Unit for the whole morning or afternoon. The department has 5 rooms running at the same time and accommodates emergencies. Someone with a later appointment than you may be seen before you. If you have any concerns, please ask a member of staff.
- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables, but your things will always be kept with you (on a shelf on the examination trolley).
- The waiting room has limited seating, please be aware that only one escort can remain in the waiting room throughout your stay. Escorts will not be allowed into clinical areas.

What happens when I arrive for my procedure?

When you arrive, a nurse will fill out an assessment form with you if you have not already done so. A member of the clinical team will come and explain the procedure to you.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

What happens before the procedure?

We will ask you to change into a hospital gown, remove your underwear, and, if available, put on modesty shorts in a changing cubicle. We will then make you comfortable while you wait for your procedure.

A nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you any medicine you need. It is a policy to cannulate all patients for EMR, whether you are having sedation or not.

You will be taken into the endoscopy room. The nurse will attach a monitor to your finger to measure your oxygen levels during the procedure, and you will be given oxygen through nose ‘prongs’.

If you have a sedative, they will also attach a blood pressure monitor. A nurse will always be with you during your procedure to reassure you and talk to you through what is happening.

If you have a sedative, you will be given it just before the start of the procedure.

What happens during the procedure?

When you are ready, the endoscopist will put the colonoscope into your bottom and move it along the length of your colon.

They may ask you to change position to:

- make you more comfortable
- make it easier to pass the colonoscope around your bowel
- ensure they can see as much of the inside lining of your bowel as possible

The endoscopist will gently pump carbon dioxide gas into your bowel so they can get a good view of the polyp while they are taking it out.

The endoscopist may spray blue dye onto the polyp. This outlines the edges of the polyp and helps them to remove it completely. The dye may stain your stool blue or turn your pee blue for about 48 hours.

The EMR procedure will be carried out as described above, see ‘What is an EMR?’).

Photographs and videos will be taken during the procedure for the purpose of adding clinical information to your medical notes. Additional consent is needed for these images to be used for any other purpose.

How long does the procedure take?

The time taken for EMR varies depending on several factors. The expected time for the procedure will be explained by your doctor.

What happens after the procedure?

Your recovery time will vary depending on how long the procedure was and the amount of sedation you needed. You should plan to spend the whole morning or afternoon of the procedure in the Endoscopy Unit.

We will make sure you have all the documentation and instructions you need. We will also send a copy of the report to your GP.

Advice after having a sedative

If you have a sedative, you may feel tired, dizzy or weak straight afterwards. You must have someone to collect you from the Endoscopy Unit and stay with you for at least the first 12 hours.

During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependents alone.

What happens when I go home?

- If you keep getting wind pain, we advise you to lie on your side and bring your knees up to your tummy. Try the right side first, and then the left. You can also walk around if you are stable on your feet.
- You may notice a little blood with your next poo, on your underwear or toilet tissue.
- As you had bowel prep, it may take up to three days before your colon fills up and you have a poo.
- You can eat and drink as normal and continue to take your regular medicine unless advised otherwise.
- We recommend that you drink plenty of fluids to keep hydrated.

Please contact your GP if you have any of the following symptoms:

- severe abdominal (tummy) pain and bloating
- pooing a large amount of blood or clots
- pooing black (tarry) stools

- temperature of 37.4°C or higher
- chills

When will I get my results?

The polyp is sent to a laboratory to be checked by a specialist. They will send their findings to your specialist team.

Your surgical team will contact you to discuss the results once they have reviewed them. They will also discuss any follow-up you may need.

Who can I contact with queries and concerns?

If you have any questions, such as what to do about medicine before or after your procedure, contact the Endoscopy Unit Nurses' Station on **020 3299 4079** from 9am to 5pm, Monday to Sunday.

If you want to change your appointment or need another information leaflet, contact Endoscopy Unit Reception on **020 3299 3599** from 9am to 5pm, Monday to Sunday.

The SPECC (Significant Polyp and Early Colorectal Cancer) Team can be contacted on **020 3299 2835** or **kch-tr.SPECCservice@nhs.net** from 9am to 5pm, Monday to Friday.

Out of the hours above, for urgent worries or queries, you may contact NHS Direct on 111 or go to your nearest Emergency Department (A&E) and take a copy of your report with you.

The Endoscopy Department is working hard to reduce the impact of its service on the environment, to find out more please visit: www.kch.nhs.uk/services/services-a-to-z/endoscopy/

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: 020 3299 4618
Email: kings.pals@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net