Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Having an Endoscopic Mucosal Resection (EMR)

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Patient Information

Endoscopy Services

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Please read through this leaflet carefully as soon as possible. Do not leave it to just before your appointment as this may cause problems preparing for your test.

Important Information

Please contact the Endoscopy Department immediately if you:

- Are diabetic
- Are taking Mounjaro for weight loss
- Are taking iron tablets or liquid
- Have suffered a heart attack, stroke, or TIA within the last 3 months
- Are on kidney dialysis
- Are taking warfarin or acenocoumoral (Sinthrome®)
- Are taking clopidogrel (Plavix®) or dipyridamole (Persantin® or Asasantin®)
- Are taking ticagrelor (Briliique®) or prasugrel (Efient®)
- Are taking other anti-coagulants (Dabigatran or Pradaxa®, Apixaban or Eliquis®, Rivaroxaban or Xarelto®, Edoxaban or Lixiana®)

Contact the Endoscopy Unit at:

- Royal Albert Edward Infirmary: **01942 822450**
- Leigh Infirmary: **01942 264236** or **01942 264974**

Having an Endoscopic Mucosal Resection (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 forms of polyps can become

cancerous. By removing the polyps, 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 may 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, are overweight, or have a poor diet

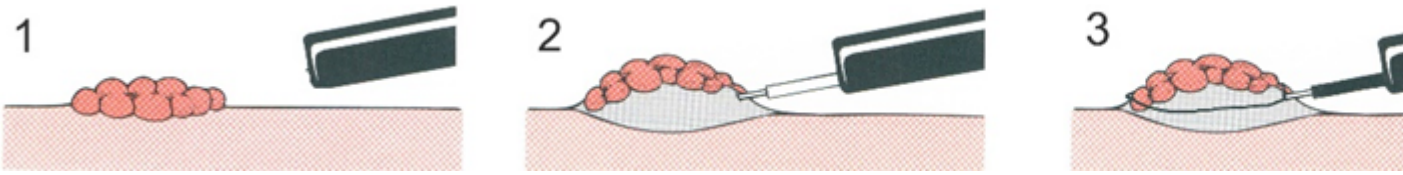
Why Have I Been Referred for an EMR?

Some polyps are easy 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 receive a separate information leaflet regarding these procedures and should read these leaflets before reading any further. As outlined in these leaflets, 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.

The EMR procedure can take longer than a 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 first find the polyp which has previously been detected in your colon. He/she will then assess whether EMR is the best way to remove the polyp and if so, will proceed to remove the polyp.



1. The polyp is identified with the colonoscope and assessed for removal by EMR.
2. A special needle is passed through the colonoscope and inserted under the base of the polyp. Fluid is injected under the polyp producing a bleb of liquid which lifts the polyp off the lining of the bowel.
3. A wire snare (or lasso) is passed around the raised polyp. The lasso is pulled tight and an electric current is passed through the snare which cuts the polyp off and cauterises any blood vessels. If the polyp is very large, it may be removed in a number of pieces in the same way.
4. Once the polyp has been removed, it is retrieved so that it can be sent to the pathology 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 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 occurs about once in every 50 to 100 patients (1-2%) with the highest risk when removing large polyps from the right-hand side of your colon. Some perforations may heal with just intravenous antibiotics 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.
- **Bleeding** – bleeding can occur once in every 50 to 100 patients (1-2%). The bleeding may occur immediately during the procedure but sometimes occurs 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 an emergency operation may be required to stop it.
- **Incomplete Removal** - sometimes the endoscopist cannot remove the entire polyp due to technical reasons. If this is the case, you may need a further attempt with endoscopy or an operation may be necessary at a later date.

Are There Any Alternatives to EMR?

There are two main alternatives to having an EMR:

1. We could decide to leave the polyp as it is and do nothing. However, this is usually not advisable as large polyps have a higher risk of becoming cancers, but in some circumstances, the risks may outweigh the benefits and your doctor will discuss these with you.
2. The polyp could be removed by having an operation on the bowel. This is usually a straightforward procedure but carries the risks of general anaesthetic and surgical complications such as infection. It will also leave you with a scar on your abdomen. Sometimes, surgery can require the formation of a stoma (bag on your abdomen), although this may only be temporary. These risks may be considerably higher if you have other medical conditions.

When possible, EMR is considered to be a safer way to remove this type of polyp.

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 at home with them for that day, and overnight. Sometimes (for example if the polyp was very large or if you live a long way away from the hospital) the colonoscopist might advise that you stay in hospital overnight as a precaution. 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 what was found during the procedure, the treatment that was carried out and any further tests that may be required. If you would like a friend or relative to be present, we can do this with your consent.

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

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on **0300 555 4567 option 4**. This will allow us to give your appointment to another patient and

rearrange another one for you.



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