



*Providing the
very best care for
our patients in
every way*



Endoscopic Mucosal Resection of the Oesophagus and Stomach

An Information Guide



Advice Leaflet
Medical Division

What is endoscopic mucosal resection (EMR)?

EMR is done as part of a gastroscopy where the oesophagus, stomach and duodenum are examined with a telescope. The technique allows the removal of larger pieces of tissue from part of the gullet or stomach which can be sent for analysis. It is usually required when dysplasia or early cancer have been found.

EMR is potentially suitable for patients with small polyps in the stomach or gullet/oesophagus. For patients with early cancers or those at risk of developing cancer (Barretts Oesophagus) EMR may also be used. Your suitability for EMR is discussed by a team of specialists in a multidisciplinary meeting (MDT) in order to decide a recommended treatment plan.

Are there any significant risks?

Endoscopic mucosal resection is a safe procedure and serious complications are relatively rare.

The serious complications are:

- Perforation (tear through the wall of the gullet or stomach) which can occur, 1 in 100 - 200.
- Bleeding which can occur, 2-3 in 100, depending upon the size of the area removed.

These complications are often treated at the time. If an operation is needed this takes place at the Network Surgical Centre at The Royal Preston Hospital.

Less common complications include:

- Pneumonia (infection in the lungs due to inhaling secretions).
- Adverse reaction to the intravenous sedative and pain killing drugs.

When you go home, you should contact us if you experience any of the following:

- Chest pain
- Difficulty swallowing – due to narrowing or stricture
- Shortness of breath
- Fever
- Abdominal pain
- Bleeding

Are there any alternatives?

The current alternatives to EMR techniques include other endoscopic techniques and surgery. These will be discussed with your consultant if appropriate.

IF YOU HAVE NOT DISCUSSED THE FOLLOWING MEDICATIONS WITH YOUR CONSULTANT IN CLINIC PLEASE RING THE ENDOSCOPY UNIT IMMEDIATELY.

You may need to stop, change or adjust your blood thinning medication to reduce the risk of bleeding from EMR.

- Warfarin and Sinthrome
- Clopidogrel, Dipyridamole, Ticagrelor and Prasugrel
- Apixaban, Rivaroxaban, Dabigatran and Endoxaban
- Any other blood thinning medication

If you are diabetic please discuss this with the team

What does the procedure involve?

You will attend the endoscopy unit having fasted overnight.

You should take your tablets with a few sips of water at 7am with any adjustments as described in the above paragraph. EMR is usually performed with sedation. In the procedure room, you will be asked to remove false teeth, glasses, hearing aids in the left ear and asked to lie on your left side slightly on your front. A sticky pad will be placed on your right hip. Trained nurses are with you throughout the procedure. An intravenous cannula is inserted into a vein and injections of sedative and pain killing drugs are given to make you relaxed and sleepy.

When you are sleepy, the endoscope is passed once down your gullet to inspect the area to be treated. For the gullet, once the area has been assessed and is confirmed as suitable, the endoscope is removed and an EMR device attached to the endoscope. The endoscope is then passed back down your gullet and EMR performed. Once completed, the tissue removed is retrieved for examination under the microscope. For areas in the stomach the endoscope often only has to be passed once.

How long does the procedure take?

This depends on the size of the area to be treated. The procedure can take between 30 - 60 minutes. The nurses will monitor your comfort and the consultant will ensure you are adequately sedated through the procedure.

Longer procedures are sometimes done under general anaesthetic and this will be discussed with you if appropriate.

After the procedure

You will be transferred to the recovery area. Your blood pressure, pulse and oxygen levels will be monitored at regular intervals for a period of time. You will be left to rest.

When you are sufficiently awake and observations are acceptable you will be given a drink. Some patients may be admitted overnight but usually you will be allowed home the same day after 3 - 4 hours in the recovery room.

Eating and drinking

After the procedure you are advised to drink liquids only for the first 24 hours. Liquids may include soup, not too hot or too cold, around room temperature is best. After this, eat only a soft diet for the next week, avoiding meat, bread and hot drinks.

In those patients who have had EMR to the oesophagus (gullet) sometimes difficulty in swallowing can occur in the weeks after the procedure. If this is the case you should convert to semi solid or liquid diet and contact the Endoscopy Unit as you may need a repeat procedure with oesophageal dilatation.

Treatment after the Procedure

You should remain on your acid reducing medication. You will be asked to double the dose for the week following the procedure. You will also be given a prescription for sucralfate which helps coat the treated area and aids healing. You can also take Paracetamol or Co-Codamol as required and medication for nausea if this is a problem. The nurses will give you clear written instructions from the doctor before you are discharged from the hospital. You can also take simple 'over the counter' indigestion remedies.

When will I know the result?

The nursing staff will speak to you initially after the procedure. Sometimes you may not remember what is said at the time because of the effect of the sedative. It is useful to have someone with you when the findings are explained. When the results of samples have been analysed you may be contacted by a Clinical Nurse Specialist, and sent a letter explaining the future plan and / or an outpatient appointment.

Going home

It is essential that a responsible adult comes to collect you from the unit. They must stay with you for 24 hours to make sure you don't have any problems. If you have no one to stay with you, you must contact Endoscopy booking office on the telephone number stated on your appointment letter. Once home, it is important you rest quietly and avoid strenuous activity.

For 24 hours following sedation you should not:

- Drive a car
- Sign any legal binding document
- Drink alcohol
- Operate machinery

Post procedure side effects

After EMR there may be side effects for 10 - 14 days:

- Mild chest discomfort like heartburn, and mild discomfort when you eat food.

Paracetamol is recommended. Do not take Aspirin or non-steroidal painkillers / NSAIDs (eg. Ibuprofen, Diclofenac).

If you experience any of the following please contact the Endoscopy Department:

- Severe pain
- Black tarry stools
- Persistent bleeding

We will provide you with further contact information for advice at the time of discharge.

Further visits to hospital

The final histological diagnosis will be discussed with you either via telephone or in an out-patient clinic. You will need a follow up test usually 3 months after the EMR. You will have advice about the need of further treatment at this time.

Contact numbers

If you have any questions regarding the test please ring the Endoscopy Unit at the hospital where you are going to have the test.

Burnley General Teaching Hospital

01282 805117

Royal Blackburn Teaching Hospital

01254 733191

English

Our Service

If you have any further questions about your condition, treatment or procedure please telephone:

Emergency Department Telephone:	01254 734023
Urgent Care Centre Telephone:	01254 734023
Urgent Care Department Telephone:	01282 804050
Minor Injuries Unit Telephone:	01254 359036
Main Hospital Switchboard:	01254 263555

Royal Blackburn Teaching Hospital
Royal Blackburn Teaching Hospital
Burnley General Teaching Hospital
Accrington Victoria Hospital
East Lancashire Hospitals NHS Trust

URDU اردو

اگر آپ کے پاس آپ کی حالت، علاج یا طریقہ کار کے بارے میں مزید سوالات ہیں تو ٹیلی فون

ایمرجنسی ڈیپارٹمنٹ ٹیلی فون	01254 734023
ارجنٹ کیئر سینٹر ٹیلی فون	01254 734023
ارجنٹ کیئر محکمہ ٹیلی فون	01282 804050
معمولی زخموں کی یونٹ ٹیلی فون	01254 359036
مرکزی ہسپتال سوئچ بورڈ	01254 263555

رائل بلیک برن ہسپتال
رائل بلیک برن ہسپتال
Burnley جنرل ہسپتال
Accrington وکٹوریہ ہسپتال
مشرق لنکاشائر ہسپتالوں NHS ٹرسٹ

POLISH

Nasz serwis

Jeśli masz jakieś pytania na temat stanu, leczenie procedury prosimy o kontakt telefoniczny:

Emergency Department telefon	01254 734023
Telefon Urgent Care Centre	01254 734023
Departament Urgent Care telefon	01282 804050
Drobnych urazów telefon	01254 359036
Główny Szpital Centrala	01254 263555

Szpital Królewski Blackburn
Szpital Królewski Blackburn
Burnley General Teaching Hospital
Accrington Victoria Hospital
East Lancashire Hospitals NHS Trust

The **Patient Advice and Liaison Service (PALS)** can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

Ref: ENDO - 003 - mucosalresection - 2014

Issue date: October 2018

Review date: October 2019

Version number: 4

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<https://www.elht.nhs.uk/services/endoscopy>



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