Patient information on endoscopic mucosal resection (EMR)
(Endoscopic removal of polyps)
Your questions answered
Contents

What is a colonic polyp .......................................................... Page 3
What is an endoscopic mucosal resection (EMR) ................ Page 3/4
What are the risks? .............................................................. Page 4
After the examination ......................................................... Page 5
How will I know the results of my test? ............................... Page 5
Does it hurt and will I be in much pain? ............................... Page 6
Contact numbers ............................................................... Page 6
Map and directions ............................................................ Page 7
A polyp has been found in your large bowel and it has been recommended that it be removed endoscopically.

**What is a colonic polyp?**
A polyp is a small growth that sometimes forms on the lining of the bowel. Most small polyps are harmless but if they are left to grow into large polyps they can become cancerous.

By removing the small polyps, your risk of developing bowel cancer is reduced. Most polyps do not cause any symptoms but in some cases they can cause bleeding or a change in bowel habit.

Sometimes we find larger polyps and there is a small chance that these larger polyps can contain cancerous cells. We can still remove most of these polyps endoscopically and this may be all that is required. Occasionally it is not possible to remove some large polyps endoscopically, therefore an operation may be required to remove large polyps.

**What is an endoscopic mucosal resection (EMR)?**
Endoscopic mucosal resection (EMR) is the name of the endoscopic procedure to remove large polyps. As outlined in “having a colonoscopy” leaflet you will receive bowel preparation before your procedure and you may 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. Please be aware in some cases you can be in the endoscopy department for several hours.

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 through the needle to raise the polyp away from the lining of the bowel wall. A wire snare is then passed through the scope and positioned around the raised polyp. The snare is pulled tight and an electric current is passed through the snare which burns any blood vessels as the polyp is cut off. If the polyp is very large, it may be removed in a number of pieces in the same way.

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 risks?
As with all medical procedures, there are some risks involved. The main risk of the procedure is a perforation through the bowel wall, which occurs approximately once in every 100 procedures.

If this occurs we will fix the tear with clips, which may be all that is required. In some cases you may need an operation to repair the leak. Other complications include delayed bleeding. Other rare complications include reactions to medications, sticking plasters and latex gloves. In addition it is not always possible to complete the test. This may be due to the size or number of polyps needing to be removed.

You may wish to discuss the risks with the doctor/nurse who will seek your consent prior to the examination. If you require sedation, there is a small risk that the sedative may affect your breathing. We aim to reduce this risk by assessing your general health prior to the endoscopy and you will be closely monitored by qualified staff during and after the examination.
After the examination
After the examination you will be allowed to rest quietly on a trolley. You will be cared for by qualified nursing staff in the recovery area of the department. You will usually be ready to go home approximately 30 to 40 minutes after the procedure has ended. Please ensure that a responsible adult is able to collect you from the department, take you home and stay with you for 24 hours if you have requested sedation. If you are an inpatient you will be transferred to the ward.

How will I know the results of my test?

The endoscopist performing the procedure will often be able to give you some results straight after the procedure. Before you are discharged you will be given clear details concerning follow up arrangements and aftercare information. A full report will be sent to your GP and/or hospital consultant. You will be given contact details in the event of any complications that may occur. After 2 weeks the chances of any complications, post polypectomy after is less than 1 in 1000.

The polyp is usually retrieved during an EMR procedure and sent to the pathology laboratory for further analysis. It can take up to 2 weeks before a result is available. Your consultant will then be in touch with you regarding these results. Sometimes decisions about further treatment can only be made once these results are available.

Does it hurt and will I be in much pain?

The examination may result in some abdominal discomfort due to the bowel being inflated with air. This discomfort should begin to settle once the procedure is finished.
Contact numbers

If you have any further questions, you should contact the following:

Queen Elizabeth Hospital (main switch) 0191 482 0000

Monday to Friday (08.30am to 5.00pm)
Endoscopy 0191 445 2586

Out of hours
Accident and Emergency 0191 445 2171

Endoscopy department
Queen Elizabeth Hospital
Sherriff Hill
Gateshead
Tyne and Wear
NE9 6SX
Telephone: 0191 445 2586

(Maps for directions)

The patient Advice and Liaison Service (PALS) can provide help, advice and support to patients, relatives or carers who have any questions or concerns regarding their health care.

PALS are unable to give medical advice. You can contact PALS on free phone 0800 953 0667 Monday to Friday, 9.00am to 5.00pm. An answer phone is available outside of these hours and calls will be returned the next working day.
Data Protection
Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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This leaflet can be made available in other languages and formats upon request