

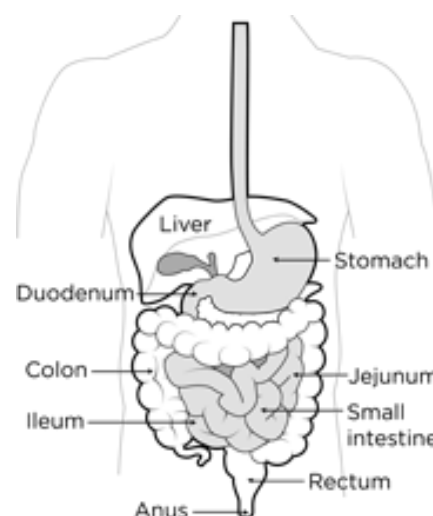


Endoscopic mucosal resection (EMR) of the bowel

Your doctor has recommended that you have an EMR of your bowel. This leaflet will explain the procedure and what to expect on the day of your test. If you have further questions, please telephone the department or discuss them with a member of staff on the day of your procedure.

What is an EMR of the bowel?

This is a procedure of the bowel (colon) where a polyp (growth) is removed. Endoscopic Mucosal Resection (EMR) can be performed during an investigation called a colonoscopy or a flexible sigmoidoscopy. A camera on a thin flexible tube will be passed via your bottom into the bowel to locate the polyp. The polyp is made more prominent using an injection of fluid to make it easier for it to be removed. The polyp is removed by diathermy (heat treatment). You will not feel the polyp being removed. Metal clips may be used at the removal site to help with healing and prevent complications. These will fall off once the area is healed and be passed naturally in your bowel movement (poo).



Why am I having an EMR of the bowel?

Your previous investigation (colonoscopy or sigmoidoscopy) found a polyp in your bowel. In most cases, biopsies (small samples of tissue) have already been taken and sent to the laboratory for analysis. The previous biopsies have indicated that the polyp may require removal. If the polyp is small, it may be possible to remove it using the colonoscope, without the need for a major operation. This is called an “endoscopic mucosal resection” or EMR for short. All tissue samples have to be sent away to the laboratory so the results will not be available straight away. You will be able to discuss the results of your biopsies with the doctor who referred you.

What are the benefits and alternatives to having an EMR of the bowel?

The benefit of an EMR is that a polyp can be removed without an operation. In most cases, patients are only required to stay in hospital for a couple of hours, an overnight bag is not required, and have much less discomfort than after an operation.

Alternative treatments may have already been discussed with you. These usually include removing the polyp surgically, destroying it by light therapy, or monitoring it regularly.

Will I need to stay in hospital after my EMR?

These are usually performed as day procedures, unless there is a need for a short stay in hospital and an overnight bag is not required. You will be given an estimate of the time for the procedure and when you may be leaving the unit to go home.

What are the risks of having an EMR of the bowel?

EMR is very safe; however, as with any other procedure there is a small chance of complications. National studies and local results have shown serious complications are infrequent. The risk of complications of EMR can be more frequent than standard polyp removal, these can include:

- **Bleeding:** Bleeding occurs from where the polyp is removed and the risk is between 5% or 10% of patients. Bleeding can occur up to 7-10 days after polyp removal. Bleeding often settles without treatment, but if it continues, it may be necessary to return to hospital for assessment.
- **Perforation:** It is possible to damage the large bowel lining by making a small hole (tear) called a perforation. This may occur in 1% to 2% of patients. The risk is highest for larger polyps and those on the right side of the colon where the bowel wall is thinnest. It may be possible to close the perforation endoscopically, in which case you will be managed with intravenous fluids and antibiotics. An emergency operation may be required to surgically repair the perforation.
- **Reactions** to sedative drugs and or polyp removal fluid.
- **Pain** can occur during EMR. The procedure can sometimes last over an hour and you may need further sedatives if their effects wear off. Pain can also occur due to the carbon dioxide gas stretching the bowel, from the injection of fluid under the polyp or rarely from a reaction to the diathermy itself. This is called "post polypectomy syndrome". Sometimes patients need to stay in hospital or even return to the hospital if this happens.
- **Incomplete removal:** Sometimes due to technical reasons the endoscopist may not be able to remove the polyp completely. If this is the case, an operation may be planned at a different date, after discussion with yourself.

We usually repeat the colonoscopy 3 to 6 months after EMR procedure to make sure none of the polyp remains. Polyps can regrow (recur) in between 10% to 20% of patients. Usually we can treat recurrence with further colonoscopy and EMR but if this is unsuccessful then referral for a different procedure or for an operation may be necessary.

What preparation will I need for my EMR?

Please read the enclosed booklet for a detailed preparation of your procedure, including the bowel preparation. If you are taking iron tablets e.g. (ferrous sulphite), **please stop these medications 7 days before your test. Please follow the bowel preparation and diet as per instructions enclosed.**

What happens during an EMR?

The first part of the procedure is the same as having a colonoscopy or flexible sigmoidoscopy. It involves passing a long thin, flexible tube called a colonoscope into your back passage (anal canal) and higher up into your rectum and large bowel. The colonoscope is a bit thicker than

your little finger and has a light and a camera in its tip that sends video images to the monitor screen.

Liquid is injected beneath the polyp/lesion. A thin wire loop (snare) is passed through the colonoscope and is placed around the polyp, cutting it off with an electric current. The snare is heated with a low electrical current (diathermy) and is used to lift and remove the polyp and seal the area behind. Removal of a polyp in this way will not be painful. Metal clips may be placed at the site after the removal to assist healing and prevent complications. The clips will fall off over time and will pass naturally in your bowel movement (poo).

The site where the polyp was removed may be marked by the endoscopist with tattoo ink so it can be found again in the future if needed.

A colonoscopy with EMR can take longer to perform than a standard colonoscopy.

What happens after the test?

You will be transferred to the recovery room after the procedure. The length of your stay will depend on how quickly you recover from the procedure, and if you have been given sedation. The nurse in the recovery room will monitor you during this period and if you are staying in hospital you will be transferred to the ward once recovered or you will be allowed home when the nurse in recovery is happy with your progress.

What happens if the endoscopist thinks that it is not possible to remove the polyp using EMR?

In about 2% (1 in 50) to 5% (1 in 20) of cases the procedure is deemed not possible, either because of the awkward location of the polyp, it is too large to be removed endoscopically, or if the endoscopist suspects a cancerous area on the polyp at the second evaluation. If the polyp cannot be removed, you will usually be seen in the clinic and the doctor will discuss whether you need to have an operation at a later date to remove the polyp.

Are there other ways of dealing with the polyp?

There are two other options:

- **Do nothing.** This is not advisable as large polyps may become cancerous. However, sometimes very elderly and frail patients may prefer this option.
- **Surgery:** Remove the polyp by having an operation on your bowel. This option causes a higher risk, due to complications of surgery and a mortality risk of 1%-3% (1-3 in every 100 cases). These risks will be discussed with you.

What about my medication?

If you have diabetes, follow the advice in the leaflet provided or read the leaflet called 'Advice for people with diabetes undergoing a gastroscopy and/or colonoscopy' on the Trust website.

Anticoagulants and Antiplatelet (blood thinning medication):

- If you are taking Aspirin you may continue.
- If you are taking Dipyridamole, **please stop 7 days prior to procedure.**
- If you take Clopidogrel, Prasugrel or Ticagrelor and **do not have any stents in your heart, please stop 7 days before the procedure.**

- If you have coronary artery stents, or are unsure, please **do not stop** taking your anticoagulant. Please call the Endoscopy Unit nursing team Monday to Friday on 0778 322 7459 for advice.
- If you are taking Rivaroxaban, Dabigatran, Apixaban or Edoxaban, **please stop these medications at least 3 days before the procedure**. If you have any kidney problems or unsure, please call the Endoscopy nursing team on 0118 322 7459 or 5249.
- If you are taking Warfarin, please call the Endoscopy nursing team on 0118 322 7459 or 0118 322 5249 as these may need to be paused temporarily before the examination.

IMPORTANT: If you are taking **GLP-1** medication e.g. Mounjaro, Wegovy, Ozempic, you will need to **STOP EATING** solid foods for **24 HOURS** before your appointment, and drink clear fluids only. **STOP DRINKING CLEAR FLUIDS 2 HOURS** before your appointment.

When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be displayed as withheld, so please ensure that the number you give to us, will receive our calls.

All other routine medication can be taken as normal.

Summary of important information

- An EMR is a safe procedure and a very good way to treat your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- Follow the bowel preparation instruction enclosed and if you have not received any bowel preparation please ring the endoscopy unit on 0118 322 7459/5249.
- If you are unable to keep your appointment, please notify us as soon as possible.
- This information leaflet must only be used in conjunction with the 'Colonoscopy / Flexible sigmoidoscopy' leaflets, which you will be given.

Training

Royal Berkshire Foundation NHS Trust Endoscopy Unit has doctors who are trainee endoscopists. You may be asked if you would be willing to be examined by a trainee doctor endoscopist. All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7459.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Endoscopy: August 2026

Next review due: August 2028