

## Endoscopy Unit

# Endoscopic Mucosal Resection (EMR)

This information aims to provide you with details and to answer any questions you may have about a procedure called Endoscopic Mucosal Resection (EMR). This procedure is used to remove large polyps. Please ask a member of staff if you have any further questions or concerns after reading this information.

### What is a polyp?

A polyp is a small wart like growth that sometimes forms on the lining of the bowel. If left to grow, polyps can sometimes turn cancerous. By removing any polyps, your risk of developing bowel cancer is greatly reduced.

### Why have I been referred for EMR?

We have found a polyp in your bowel. Some polyps are very easy to remove, but in your case the polyp is larger than average and requires the 'EMR' technique. This is generally considered the simplest and most straightforward method for removing this sort of polyp.

### Before your procedure

You will receive the standard patient information and medication for bowel preparation before the test. This is the same information and bowel preparation that you will have had for your previous colonoscopy procedure. **Please take time to read the information and follow the instructions. Please ask for a copy if you no longer have a copy of this information.**

### During your procedure

From your point of view, you may notice no difference from your previous colonoscopies. More general information about having a colonoscopy is given in the separate leaflet which you will receive.

The EMR procedure can take longer than a standard colonoscopy - this can vary depending on the size and position of the polyp, but can take up to 2 hours. A sedative injection can be given to help you relax during the test. Most patients find EMR comfortable – if this is not the case you can tell the colonoscopist and more sedation can be given, or the test can be stopped.



## Patient Information

For an EMR, the endoscopist will do three things:

- Use the endoscope (camera) to find the polyp which has previously been detected in your bowel.
- Assess whether EMR is the best way to remove the polyp.
- If so, it will then be removed using the endoscope equipment.

### What are the risks of EMR?

EMR carries the same risks of standard colonoscopy. These are explained in the colonoscopy information leaflet. However because of the size of the polyp and the technical nature of EMR, the risk of perforation or bleeding is increased (although still uncommon). In general EMR is considered the safest technique for removing this sort of polyp.

#### The main risks are:

- **Perforation** – this means a tear or a hole in the bowel. For EMR, this occurs about once in every 100 patients. Occasionally small perforations are usually closed with endoscope and require antibiotics. However an emergency operation may be required. As with any bowel operation, a stoma (bag on your abdomen) is occasionally required, although this would usually be temporary.
- **Bleeding** – bleeding may occur once in every 50 or 100 patients (1-2%). Sometimes bleeding occurs during the test, but it can occur up to 14 days after the procedure. If bleeding does occur, it often stops on its own. However, very occasionally it requires a blood transfusion or further endoscopies. Very rarely an emergency operation is needed to stop it.
- **Incomplete removal** - sometimes the endoscopist cannot remove the entire polyp for technical reasons – if this happens, an operation might be planned at a later date.

### What happens if the endoscopist does not think that EMR is possible?

In this case, you will usually be seen in clinic, and the doctor will discuss whether you need to have an operation to remove the polyp.

### Are there any other ways of dealing with my polyp?

Yes. There are two other options:

- Do nothing – leave the polyp where it is. However this is usually not advisable as large polyps often turn cancerous if they are left to grow.
- Remove the polyp by having an operation on the bowel. Although usually a straightforward procedure, this carries the risk of the general anaesthetic and surgery (such as infection) and usually leaves you with a scar on the abdomen (tummy). Sometimes this can require a stoma (bag on your abdomen), although this may only be temporary.

# Patient Information

## 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 (e.g. 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.**

In general, you will be sent a further colonoscopy appointment about three months after the EMR, to check if the entire polyp has gone – this is usually a quick procedure.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6805 and we will do our best to meet your needs.

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### Document History

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