

## Endoscopy Unit

# Gastroscopy and endoscopic mucosal resection (EMR)

This leaflet is designed to give you information about gastroscopy with endoscopic mucosal resection (EMR). We hope it will answer some of the questions that you or those who care for you may have.

This leaflet is not meant to replace the consultation between you and your medical team. It aims to help you understand more about what is discussed.

If you have concerns about any issue to do with your procedure or recovery, please speak to a member of your medical team.

Please read this information carefully and bring this booklet with you to your appointment.

## Your consent

**The consent form is a legal document.** Please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form.

If there is anything you do not understand or wish to discuss further, do not sign the form. Bring it with you and sign it after you have spoken to a healthcare professional.



### What is a gastroscopy with EMR?

EMR is done as part of a gastroscopy where the food pipe or gullet (oesophagus), stomach and small bowel (duodenum) are examined with a camera. Using this technique, we can remove larger pieces of tissue from part of the oesophagus, stomach, or duodenum and send them for analysis. It is usually required when there is a benign polyp or when abnormal cells (pre-cancerous cells called dysplasia or early cancer) have been found.

EMR may be suitable for patients with small polyps (wart-like growth) in the oesophagus, stomach, or duodenum.

For patients with early cancers or those at risk of developing cancer (Barrett's Oesophagus), your suitability for EMR will be discussed by a team of specialists in a multidisciplinary meeting (MDT) to recommend a treatment plan. We will then talk about your options with you.

### Preparation

#### Eating and drinking

For us to have a clear view during your EMR, your stomach must be empty. You must not have anything to eat for **at least six hours** before the test. A few sips of water are safe up to two hours before the test.

If your appointment is in the **morning, have nothing to eat after midnight**. You may have a drink **at 6am**.

If your appointment is in the **afternoon, you may have a light breakfast no later than 8am**. You may have small amounts of water until two hours before your appointment.

#### Routine medication

Your routine medication should be taken, but if you are taking any blood thinning medication (anticoagulants), please see the information below.

## Patient Information

### **Anticoagulants, antiplatelets and allergies**

Please call the Unit on **024 7696 6805** if you are taking blood-thinning medications such as warfarin, clopidogrel, ticagrelor, prasugrel, dabigatran, rivaroxaban, edoxaban or apixaban.

Please call for information if you have a latex allergy.

### **Diabetic patients**

If you have diabetes controlled on insulin or tablets, please ensure you have received a diabetic information leaflet and that the Endoscopy Unit is aware so that the appointment can be made at the beginning of the list.

### **How long will I be in the Endoscopy Unit?**

This depends on how busy the Unit is. You should expect to be in the Unit for approximately 2-4 hours. The Unit also looks after emergencies, and these can take priority over outpatient lists.

If you have to bring children requiring supervision, please ensure they have someone to supervise them whilst you have your procedure. Staff within the Department cannot assist with the supervision of young children. In these instances, you may be asked to rebook your appointment to a time more suitable for you to have childcare arrangements.

### **What will happen?**

Once you have booked into the Unit at the reception desk, you will be met by a qualified nurse who will go through a brief medical assessment. This is to establish your medical condition, ask about any past surgery or illness, and confirm that you're fit enough to undergo the procedure.

Your blood pressure and heart rate will be recorded. If you have diabetes, your blood glucose level will also be recorded. If you suffer from breathing problems, a recording of your oxygen levels will be taken.

## Patient Information

The nurse will make sure you understand the procedure and discuss any concerns or questions you may have.

The nurse will insert a small plastic tube (cannula) into a vein, usually on the back of your hand or arm. This gives us the option of giving you medication to make you relaxed (sedation). The sedative/painkiller will be given just before the procedure.

If you have not already done so and are happy to proceed, you will be asked to sign your consent form at this point.

### **Intravenous sedation**

As this test is usually done using sedation, it's essential that you arrange for a responsible person to take you home after the test. If you do not make these arrangements, the investigation may be cancelled for safety reasons. **Please note, sedation is not a general anaesthetic.**

We will give you sedation into a vein through the cannula. This will make you lightly sleepy (drowsy) and relaxed but not unconscious.

You will be in a state called 'conscious sedation'. This means that, although drowsy, you will still hear what is said to you and will be able to follow simple instructions during the procedure. Sedation also makes it less likely that you will remember anything about the procedure.

You will be able to breathe quite normally throughout. Whilst you're sedated, we will monitor your breathing and heart rate so any changes will be noted and can be dealt with accordingly. You will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure will also be recorded.

**The effects of the drugs used can last for several hours. It's important that you have someone to stay with you for the next 4 hours. Do not drive, drink alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure. You will need someone to take you home.**

### **What happens in the procedure room?**

You will be taken into the procedure room. The Endoscopist and the nurses will introduce themselves, and you will be able to ask any questions.

If you have any dentures, you will be asked to remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard that's put into your mouth just before the examination begins.

The nurse looking after you will ask you to lie on your left side and will place the oxygen monitoring probe on your finger. We will give you the sedation medication, and you will quickly become sleepy. We will also place a small sponge in your nose to provide you with extra oxygen.

Any saliva or other secretions produced during the investigation will be removed using a small suction tube, like one used at the dentist.

Once you are sleepy, the long flexible tube (endoscope) will be passed down your oesophagus to examine the area being treated. Once the area has been assessed, and we have confirmed it is suitable to carry out EMR, the particular polyp or abnormal area is removed by electrocautery (diathermy). We may use other accessories such as snares, caps or bands.

During the procedure, the endoscope might have to be removed and passed again more than one time. When this is finished, we'll need to retrieve the tissue pieces we removed from the lining. The endoscope is then passed down again, and a net is passed through the endoscope so we can collect and remove the tissue pieces.

### **How long will the procedure take?**

On average, the procedure takes any time between 20 minutes to more than an hour. This depends on the size of the treatment area.

### **After the procedure**

You will be allowed to rest for as long as you need. Your observations will be taken again. Once you have recovered from the effects of sedation (usually 45-60 minutes), we will consider letting you go home.

Before you leave the Unit, the nurse or doctor will explain what they have found. They will give you details of any medication or further investigations needed, and you'll be informed if you need any further appointments.

Since sedation can make you forgetful, it's a good idea to have a member of your family or a friend with you when you are given this information. There will also be a short-written report given to you.

### **Food and drink**

After the procedure, you should only drink liquids for the rest of the day because swallowing will feel sore. These liquids (including soup) should not be too hot or too cold – around room temperature is best. After 24 hours, we recommend you begin eating soft, sloppy foods and continue this for the next 3 days.

### **Treatment after the procedure**

You should remain on your acid-reducing medication. You may be asked to double the dose for a few weeks after the procedure.

You may be given a prescription for sucralfate. This helps coat the treated area and aids healing.

You can take paracetamol or co-codamol as required for pain and medication for feeling sick (nausea) if this is a problem.

You can also take simple 'over-the-counter' indigestion remedies if needed.

## Patient Information

### **Risks of the procedure**

A gastroscopy and EMR is a very safe procedure. But rarely, serious bleeding may occur. This may happen up to 1 in every 50 cases. It can mostly be controlled with endoscopy, but you may need hospital admission and more treatment.

There is also a risk of developing a hole (perforation) in the oesophagus, stomach or duodenum. The risk of this happening is up to 1-2 in every 100 cases (1-2%) which might need further procedures including surgery and prolonged stay in hospital to correct this.

The overall risk of life-threatening complications (including death) is around 1%. Some chest discomfort is expected after the procedure.

Although a gastroscopy and EMR is a very sensitive test, no procedure is 100% accurate, and there is a small chance that abnormalities can be missed.

Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative and analgesic drugs.

Contact us in Endoscopy Unit on 024 7696 6807 between 8am - 5pm, or alternatively call your GP or local Emergency Department (A&E) if you experience any of the following:

- chest pain
- difficulty swallowing
- shortness of breath
- fever
- stomach pain
- vomiting blood
- black poo

### **What are the alternatives to EMR?**

The alternatives to EMR include:

**Surgery** – this would usually be a complex surgery. The affected area would need to be completely removed.

### **When will I know the result?**

When the results of samples have been analysed, you may be contacted by a clinical nurse specialist and/or sent a letter explaining your treatment plan and/or an outpatient appointment. You might need a follow-up test, usually 3-6 months after the EMR.

### **General points to remember**

- If you're unable to keep your appointment, please let the Endoscopy Unit know by calling **024 7696 6755** as soon as possible. This will enable us to offer the appointment to another patient.
- If you require hospital transport for your appointment and you have previously used this service, please contact the Endoscopy Unit on 024 7696 6755 and we will arrange this for you.
- If you have not used the hospital transport service before, you may contact hospital transport direct on 01926 310 312.
- If you have a dressing gown and slippers, please bring them with you.
- Please note: to ensure the privacy and dignity of other patients, we do not allow friends or relatives into the clinical area of the Department. If you wish to remain with your friend or relative, you may join them in the primary waiting area once you have changed into a hospital gown.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.



## Patient Information

For more information or clarification, please contact:

### **Endoscopy Department**

Ground Floor, Central

University Hospital, Coventry & Warwickshire NHS Trust

Clifford Bridge Road,

Walsgrave,

Coventry,

CV2 2DX

**Telephone:** 024 7696 7509

This information has been adapted from information provided by the British Society of Gastroenterology ([www.bsg.org.uk](http://www.bsg.org.uk)) by Bini Sennes, Joe Colby, Dr Jayan Mannath and Dr Chander Shekhar.

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.

The Trust operates a smoke-free policy.

### **Did we get it right?**

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



#### **Document History**

Department: Endoscopy

Contact: 27509

Updated: July 2023

Review: July 2025

Version: 6

Reference: HIC/LFT/1396/12