

Endoscopy Department

Gastroscopy with Endoscopic Mucosal Resection (EMR)

Important information

Before your appointment

- All medications should be taken as normal with a little water.
- If you are taking **Warfarin** please read the '**Alert for patients on Warfarin**' carefully as you may need to have an INR test seven days before.
- People with **diabetes** should have additional instructions. Contact the Endoscopy Department on 01223 216546 immediately if these are missing.
- If you have any queries about the procedure or find that you cannot keep this appointment, please contact the Endoscopy Office between 0900 and 1700 on 01223 216546.

On the day

- Have nothing to eat for six hours and nothing to drink for four hours before your appointment.
- You must have someone to take you home.

At the hospital

- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- The Endoscopy Department is on level three of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', which is opposite the main entrance of the ATC. Take your parking ticket (which is issued at the car park entrance) to the reception desk in the ATC. The receptionist will validate the ticket so that you pay a reduced outpatients rate for your parking. Bring your appointment letter with you.
- **Please note that the appointment time is for your pre procedure check, not the time of your examination.** The length of time you will be here will vary enormously but expect it to be anything from two to four hours or more. Please ask your admitting nurse for further information during your admission check.

About endoscopic mucosal resection (EMR)

Endoscopic mucosal resection is the name given to a procedure where specialised Endoscopic devices are used to remove abnormal areas in the lining of the oesophagus (gullet).

Is endoscopic mucosal resection (EMR) widely used?

Endoscopic mucosal resection has been used for many years in Japan and the Far East for the treatment of early stomach cancer. The techniques are now increasingly widely used in Europe and the UK.

What is the aim of endoscopic mucosal resection (EMR)?

EMR allows us to remove larger areas of the gullet lining than standard endoscopy biopsy samples. This allows us to obtain larger pieces of tissue for analysis under the microscope and help us plan further treatment as necessary.

Who is suitable for endoscopic mucosal resection (EMR)?

All patients who have conditions potentially suitable for EMR are discussed in a multidisciplinary meeting. At this meeting, specialists in a number of different fields discuss the best treatment options for each individual patient.

Patients with small polyps in the gullet or abnormal areas detected using other methods are potentially suitable for EMR.

What are the alternatives to endoscopic mucosal resection (EMR)?

The current alternatives to EMR techniques include repeating standard endoscopic biopsies, using techniques that destroy (ablate) the lining of the gullet and surgery.

What does the procedure involve?

Endoscopic mucosal resection is performed under sedation. You will also be offered anaesthetic throat spray so that you are as comfortable as possible during the procedure.

For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. In the procedure room, you will be asked to remove false teeth, glasses and made comfortable on a couch lying on your left side.

A plastic tube (also called a 'cannula') will be placed into a vein in the back of your hand or forearm. This will be used to give you two sedative medications during the procedure.

When you are sleepy, the endoscope is passed down your gullet to look carefully at the area in the gullet to be treated. Once the area has been assessed and we have confirmed it is suitable to carry out EMR, the area to be treated will be marked using a cautery device (also called a 'snare') passed down through the endoscope.

The endoscope will then be removed and the device for performing the EMR will be attached to it. The endoscope is then passed back down your gullet and the EMR performed. When this is finished, it is necessary to retrieve the tissue pieces we have removed from the lining of the gullet. In order to do this, we first take out the endoscope and remove the EMR device. The endoscope is then passed down the gullet again and a special net passed through the endoscope that allows us to collect and remove the tissue pieces.

How long does the procedure take?

This depends on the amount of the gullet we are treating. On average, the procedure will take about 20 to 30 minutes. We will ensure you receive adequate sedation for the whole time the procedure takes. Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

Who will perform my procedure?

This procedure will be performed by a consultant who has been trained in endoscopic mucosal resection and is experienced in specialist endoscopy techniques.

Immediately after the procedure

- You will wake up in the recovery room after the procedure. You will be given oxygen until you are fully awake.
- You should not be in great discomfort after the procedure.

When I go home

- As you have been given sedation for this procedure, you must have someone to take you home.
- For 24 hours after the procedure, you should not drive, drink alcohol or operate heavy machinery.
- After endoscopic mucosal resection, you may notice some after effects for as long as 10 to 14 days.
- These effects most commonly consist of mild chest discomfort (like heartburn) and mild discomfort when you eat food.
- Paracetamol should be sufficient to relieve this discomfort.
- You should not take Aspirin or other non-steroidal painkillers (such as Ibuprofen or Diclofenac)

- **Eating and drinking:** After the procedure, you should drink liquids only for the following day. These liquids (this does include soup) should not be too hot or too cold – around room temperature is the best.
- After 24 hours, we recommend you begin taking soft, sloppy foods and continue with this for the next five days.
- You should remain on your acid reducing medication continuously.
- You can also take simple 'over the counter' indigestion remedies.

Serious or frequently occurring risks

- Endoscopic mucosal resection is a safe procedure and serious complications are very rare.
- The major risks are oesophageal perforation (tear through the wall of the gullet) and bleeding and both are potentially serious. We estimate that these complications may occur in 2 to 3% of people who undergo EMR.
- 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.
- If we are concerned a complication has occurred during the procedure, you may be kept in hospital for observation.
- When you go home, you should contact us if you experience any of the following:
 - Chest pain
 - Great difficulty swallowing
 - Shortness of breath
 - Fever
 - Abdominal pain
 - Bleeding

What happens next?

You will be informed of the results of the analysis performed on the tissue we remove at an outpatient appointment. At this time, we will also discuss with you our recommendations about further treatment you may require.

Information and support

You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

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