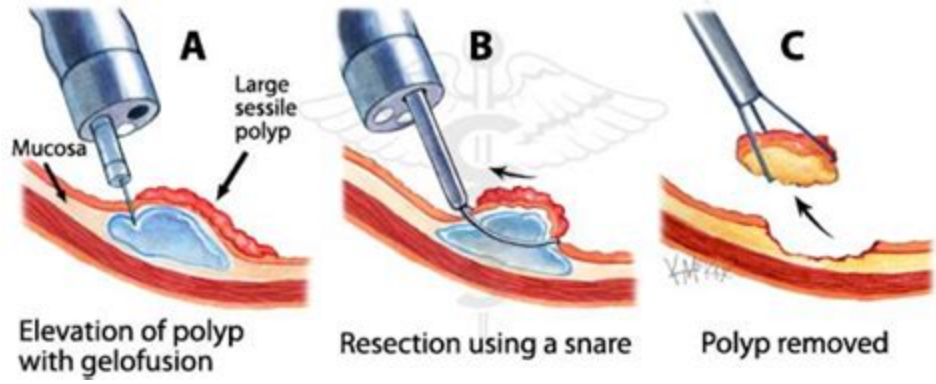
Having an EMR (complex polypectomy)

You have been advised to have an Endoscopic Mucosal Resection (EMR) to remove a large or complex polyp. Some polyps are easy to remove, but in your case, the polyp that has been found is larger or more complex and requires the EMR technique. This is generally considered the safest method for removing this sort of polyp. **We need to have your formal written consent before we can carry out your procedure.** This booklet along with the standard procedure booklet explains how the procedure is carried out and what the risks are. This will help you to make an informed decision when agreeing to the procedure. If there is anything you do not understand or anything you wish to discuss further, please discuss this with the admitting nurse.

What is EMR?

Endoscopic mucosal resection is usually carried out as part of a colonoscopy or flexible sigmoidoscopy. You will receive a separate information leaflet regarding these procedures and should read these leaflets before reading any further. You will receive bowel cleansing medication before your procedure and have the option of a sedative or Entonox as outlined in the procedure leaflet. 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. It may only take ten minutes to remove a relatively small polyp but the procedure can sometimes take over an hour. The specialist endoscopist will first find the polyp which has previously been detected in your colon. He/she will then assess whether EMR is the best way to remove the polyp and if so, will proceed to remove the polyp.



1. The polyp is identified with the colonoscope and assessed for removal by EMR.
2. A special needle is passed through the colonoscope and inserted under the base of the polyp. Fluid is injected under the polyp producing a bleb of liquid which lifts the polyp off the lining of the bowel.
3. A wire snare (or lasso) is passed around the raised polyp. The lasso is pulled tight and an electric current is passed through the snare which cuts the polyp off and cauterises any blood vessels. If the polyp is very large, it may be removed in a number of pieces in the same way.
4. 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 alternatives to EMR?

There are two main alternatives to having an EMR:

Firstly, we could decide to leave the polyp as it is and do nothing. However, this is usually not advisable as large polyps have a higher risk of becoming cancers, but in some circumstances, the risks may outweigh the benefits and your doctor will discuss these with you.

Secondly, the polyp could be removed by having an operation on the bowel. This is usually a straight forward procedure but carries the risks of general anaesthetic and surgical complications such as infection. It will also leave you with a scar on your abdomen. Sometimes, surgery can require the formation of a stoma (bag on your abdomen), although this may only be temporary. These risks may be considerably higher if you have other medical conditions.

What are the risks?

EMR carries the same risks as standard colonoscopy or flexible sigmoidoscopy which are explained in the relevant leaflets. However, because of the technical nature of EMR, the risk of perforation or bleeding is slightly higher. The main risks are:

·Perforation – this is a tear in the bowel wall. For EMR, this occurs about once in every 50 to 100 patients (1-2%) with the highest risk when removing large polyps from the right hand side of your colon. Some perforations may heal with just intravenous antibiotics but sometimes an emergency operation is required. As with any bowel operation, a stoma (bag on your abdomen) is occasionally required, although this would usually be temporary.

·Bleeding – bleeding can occur once in every 50 to 100 patients (1-2%). The bleeding may occur immediately during the procedure but sometimes occurs up to 14 days afterwards. If bleeding does occur, it frequently stops on its own without any intervention. However, very occasionally it requires a blood transfusion or a repeat endoscopy. Very rarely an emergency operation may be required to stop it.

·Incomplete removal - sometimes the endoscopist cannot remove the entire polyp due to technical reasons. If this is the case, you may need a further attempt with endoscopy or an operation may be necessary at a later date.

- Seek advice about air travel if planning to do so.

After your procedure

Before you leave the unit, a nurse or the Endoscopist will explain what was seen during the examination and whether you need any further appointments. Sometimes (for example if the polyp was very large or if you live a long way away from the hospital) the endoscopist might advise that you stay in hospital overnight as a precaution. Please bring an overnight bag with you in case this is recommended.

You results

The polyp is usually retrieved during an EMR procedure and sent to the pathology laboratory for further analysis. It can take 2-3 weeks before a result is available. Sometimes, decisions about further treatment can only be made once these results are back.

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