

## Oesophago-gastric service

# Gastroscopy with endoscopic mucosal resection

## Information for patients, relatives and carers

### Introduction

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, but 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.

### What is gastroscopy with EMR?

Gastroscopy is the examination of the inside of the oesophagus (gullet) or stomach. It is done using an endoscope (a long, flexible tube) which is passed through your mouth and down your throat. Using a light and camera on the end of the endoscope, the doctor will look for anything abnormal. EMR is performed by the doctor using a device attached to the endoscope to remove any abnormal areas that have been found in the lining of the oesophagus or stomach.

### Is EMR widely used?

EMR has been used for many years in Japan. It is also used in other countries in the Far East for the treatment of early stomach cancer. The same techniques are now being widely used in the UK and across Europe.

### What is the aim of EMR?

EMR allows larger areas of the oesophagus or stomach lining to be removed than has been previously possible by the use of standard techniques. Having larger pieces of tissue under the microscope for analysis will help us to plan further treatment if necessary. In some instances, it may be possible to remove the whole of the abnormal area using EMR. This can reduce the amount of further treatment needed.

### Who will perform my procedure?

Your procedure will be performed by a consultant who has been trained in EMR and is experienced in specialist endoscopy techniques.

### Who is suitable for EMR?

Patients with small polyps in the oesophagus and stomach, or other detected abnormal areas, are potentially suitable for EMR. These patients will be discussed at a multidisciplinary team (MDT) meeting. At this meeting, a variety of different specialists will discuss the best treatment options for each individual patient and assess whether they are suitable for EMR.

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**Once your suitability for EMR has been confirmed to you, it is important that you tell the team looking after you if you take any tablets to thin your blood (such as warfarin, aspirin, apixaban, clopidogrel or ticagrelor), at least one week before you have EMR.**

## What are the alternatives to EMR?

The current alternatives to EMR are:

- laser beams, which can only be used on small areas, to remove the lining of the oesophagus or stomach
- surgery – this would be a very complex surgery where the affected area would need to be completely removed

## What does the EMR procedure involve?

EMR is performed under sedation (this is not a general anaesthetic) which will make you feel very drowsy. You probably won't remember the procedure at all. You will also be given anaesthetic throat spray beforehand so that you are as comfortable as possible during the procedure.

In the procedure room, we will ask you to remove any false teeth, glasses and hearing aids (if worn in your left ear), as relevant. You will then be made comfortable on a couch lying on your left side. We will need to place a sticky pad on your right hip in order to monitor your heart beat and blood pressure. For your comfort and reassurance, a nurse will stay with you throughout the procedure.

We will place a plastic tube (cannula) into a vein in the back of your hand or forearm. We will give you sedative medications before and during the procedure as required, to make you feel relaxed and sleepy, but you will not be unconscious.

When you are sleepy, the 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, this area will be marked using a cautery device (also called a 'snare'). This is passed down through the endoscope.

The endoscope will be removed and the device for performing the EMR will be attached to it. The endoscope will then be passed back down your oesophagus and the EMR is performed. When this is finished, it is necessary to retrieve the tissue pieces we have removed from the lining. To do this, we take out the endoscope and take off the EMR device. The endoscope is then passed down again and a net is passed through the endoscope so we can collect and remove the tissue pieces.

Throughout the procedure the nurse will help to position you correctly so that the procedure continues smoothly. We will monitor your heart, blood pressure and other signs throughout the procedure – if there are signs that you are finding it too uncomfortable we will stop the procedure.

## How long will the procedure take?

On average, the procedure takes about 20 to 30 minutes depending on the size of the area to be treated.

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## What are the possible risks?

EMR is a relatively safe procedure and serious complications are very rare. The main risks are perforation (tearing of the wall of the oesophagus or stomach) and bleeding. Both are potentially serious. We estimate that these complications may occur in 2-3 per cent 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
- stomach pain
- bleeding

## What will happen after the procedure?

We will take you to a recovery area while the sedation wears off. We will always respect your privacy and dignity. If you have any concerns, please speak to the department sister or charge nurse.

Please arrange for a responsible adult to come with you and wait to take you home. This is your responsibility. You will not be able to drive yourself. If you come without an escort, we will have to cancel the procedure. However, if you are using hospital transport, an escort is not required.

When you are sufficiently awake, we will give you a drink, and you can then go home. We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24-hour period. You are also advised to have a responsible adult stay with you for the next 12 hours.

### **Food and drink**

After the procedure, you should only drink liquids the following 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 with this for the next five days.

### **Medication**

You should remain on your acid-reducing medication continuously. You may be advised to double the dose for the week following the procedure and introduce other medication to improve the healing of your stomach or oesophagus lining. You can also take simple 'over the counter' indigestion remedies.

You may experience mild chest discomfort (similar to heartburn) for up to 10 to 14 days following your EMR procedure. It may feel worse when you eat. Taking paracetamol should be enough to relieve this discomfort. You should not take aspirin (or any other blood-thinning medication before or after the procedure) or non-steroidal painkillers (such as ibuprofen or diclofenac). Please call us via the Macmillan navigator service (see page 5) for advice if you are on any blood-thinning medication as you will need to stop it before the procedure.

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If you experience any of the following contact your GP or attend your nearest A&E:

- severe pain
- black tarry stools
- persistent bleeding

## When will I receive the result?

We will tell you what we saw during the procedure when we speak to you in the recovery area afterwards. As you have had sedation, it is a good idea to have someone with you when we talk to you because the sedation may affect your ability to remember the discussion.

We will let you know the results of the analysis on the removed tissue at an outpatient appointment or by telephone consultation, depending on your preference. We will also discuss with you our recommendations for any further treatment you may require.

## Gastroscopy and EMR for patients with diabetes

Please follow the instructions below if you have diabetes which is controlled with insulin or tablets. If you have any questions about your diabetes during this time, please contact your GP.

### Food and drink:

- do not eat for six hours before your appointment
- do not drink for three hours before your appointment
- test your blood glucose regularly - if it drops below 4, please have a sugary drink such as Lucozade (100 ml), apple or grape juice (200 ml), until your blood glucose level is 5

After your procedure you may eat and drink normally unless specifically told otherwise.

### Insulin and tablets

Please adjust your normal insulin and tablet doses as detailed below.

#### If you take insulin once daily:

- no change to insulin dose necessary

#### If you take insulin twice daily:

- do not have your morning insulin. Bring it with you, plus something to eat
- if you are able to eat after 11.00, have half your normal morning dose with food
- have your normal evening dose

#### If you take insulin four times daily:

- do not have your morning insulin. Bring it with you, plus something to eat
- if you are able to eat after 11.00, do not have your breakfast dose and have your normal lunchtime dose with food
- have your normal tea time and bedtime evening doses

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### If you take tablets for diabetes:

- do not have your morning diabetic tablets
- after your procedure, re-start your tablets at the next dose time

### Information and support

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

### How do I get in contact?

Imperial College Healthcare NHS Trust has a Macmillan navigator telephone service. Navigators are people providing a single point of contact for patients and others. Navigators can help by:

- referring your query to your clinical nurse specialist (CNS) or other appropriate person, as needed
- providing information about your hospital appointments
- accessing additional information for you about your care within the Trust
- directing you to other support organisations

The service is available Monday to Friday 08.00–18.00; Saturday and Sunday 09.00-17.00

Telephone: **020 3313 0303**

### About me

<b>Past medical history</b>
<b>Medication</b>
<b>Drug allergies</b>

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## My medication

Drug	Start date	Dose	Times/days

## Appointments and medication updates

Please note your appointment dates/time here. When you attend, ask the team to add any changes to your medication and also write in a brief reason for any medication changes. Please ask us to check any updates to this table with you during your appointment.

Appointment date/time	Medication changes (with reason)



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## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net). The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

Complaints department  
Fourth floor  
Salton House  
St Mary's Hospital  
Praed Street  
London W2 1NY

## Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

## Wi-fi

We have a free wi-fi service (for basic filtered browsing) and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK\_FREE or WiFiSPARK\_PREMIUM