Hunter Gastroenterology

ENDOSCOPIC MUCOSAL RESECTION (EMR) PATIENT INFORMATION SHEET

What is Endoscopic Mucosal Resection (EMR)?

EMR is a minimally invasive, endoscopic removal of benign and early malignant lesions in the gastrointestinal (GI) tract.

About the Procedure

This procedure is performed with an endoscope, which is a long, narrow tube equipped with a light, video camera and working channel through which accessories may be passed to perform procedures with. During endoscopic mucosal resection of the upper digestive tract, the tube is passed down your throat to reach an abnormality in your oesophagus, stomach or upper part of the small intestine. When EMR is used to remove lesions from the colon, the tube is advanced through the anus.

Upper Gastrointestinal Tract

EMR is used for patients with discrete nodules in an area of Barrett's lining or other areas of the oesophagus. This is a safe and effective way to remove precancerous and early cancerous lesions. When EMR is performed in the oesophagus, you will continue to use anti-acid medication following your procedure to facilitate healing. EMR is used in the stomach to remove early gastric cancers and precancerous lesions. The technique is used in the duodenum to resect duodenal polyps and polyps of the ampulla (bile duct opening).

Colon

EMR is used to resect rectal and colon polyps and early colon cancers.

Preparation

Please do not eat or drink anything other than water for at least 8 hours prior to the procedure time. You may drink water up to 2 hours prior to the procedure. If the EMR is done in the colon, you will also be required to take bowel preparation to cleanse the colon.

During the Procedure

Upper gastrointestinal tract EMR: You will be given a sedative by the anaesthetist who will be present to monitor your vital signs during the examination. A mouthpiece will be placed between your teeth to protect your mouth. You will lie on your left side, and the endoscope will be passed through your mouth and into the oesophagus, stomach and duodenum. The endoscope does not interfere with your breathing. During the procedure, fluid is injected under the lesion to minimize possible complications. The lesion is then removed with a wire loop and diathermy and sent for histological examination.

Colonic EMR: A colonoscopy is performed under sedation and the lesion is removed with a wire loop and diathermy following injection of fluid under the lesion. The lesion is then removed with a wire loop and diathermy and sent for histological examination.

If necessary, endoscopically placed metal clips are used to reduce the risk of bleeding or perforation.

After the Procedure

After the procedure, you will remain in a recovery room until most of the effect of the sedative has worn off. You will need to make plans to have someone take you home and supervise you for 12 hours afterwards.

Possible Adverse Effects

- Reactions to the anaesthetic, including nausea and vomiting
- Sore throat, belching, bloating or cramping abdominal pain
- Bleeding
- Perforation (or tear)
- Stricture (narrowing of intestine) following the healing phase