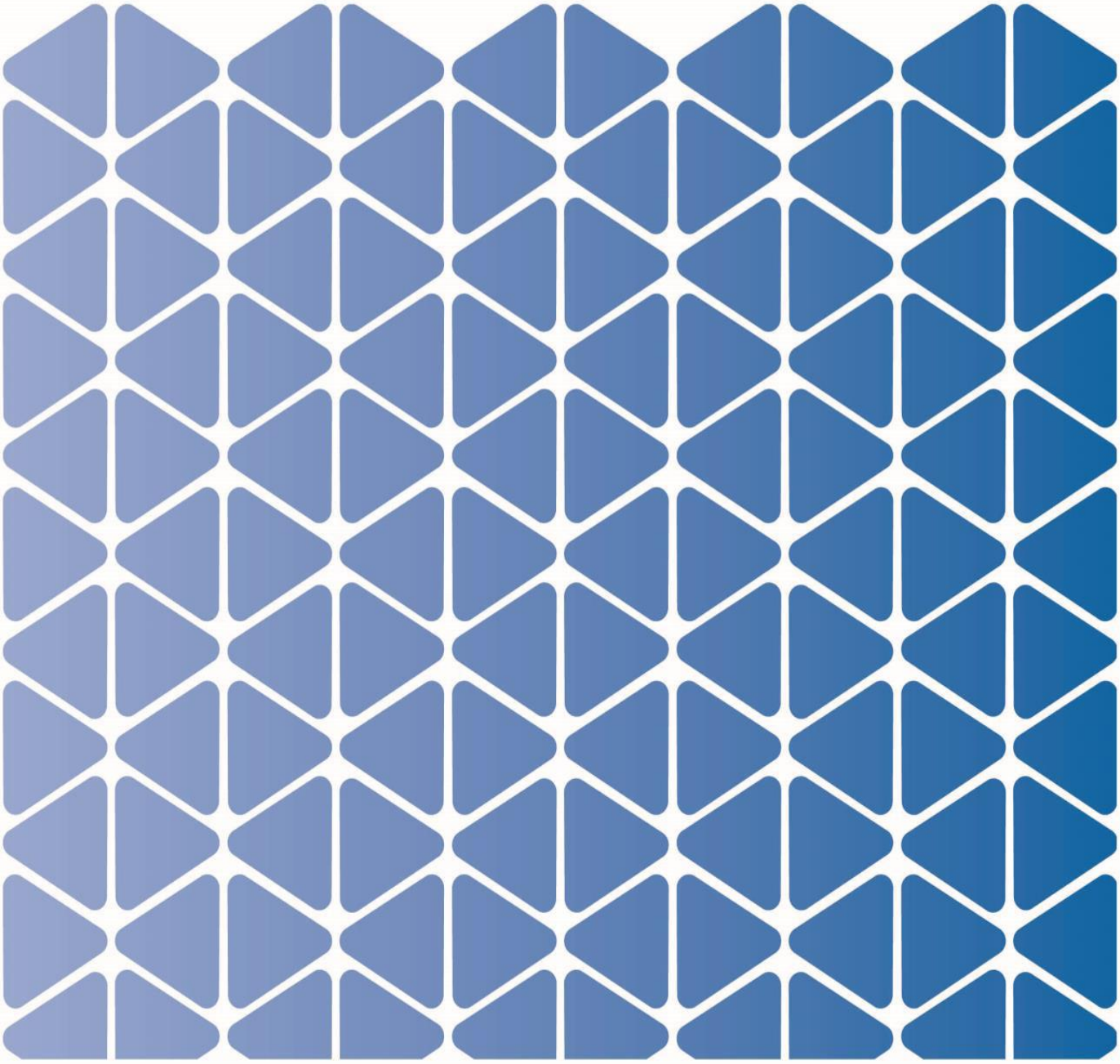
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

ENDOSCOPIC MUCOSAL RESECTION AND ARGON PLASMA COAGULATION FOR LARGE / FLAT COLONIC POLYPS



This information has been produced to provide you with details about a procedure called 'Endoscopic Mucosal Resection' (EMR). This procedure is used to remove large polyps. This information aims to answer any concerns that you may have. Please do not hesitate to ask a member of staff if you have any further questions or concerns.

Why have I been referred for EMR?

We have found a polyp in your bowel. Some polyps are straight forward to remove and are removed at the time of your initial endoscopic examination, but in your case the polyp is larger than average and requires the 'EMR' technique. This is generally considered the simplest and safest method for removing this sort of polyp. The aim of this technique is to remove the polyp fully, safely by using techniques to reduce the risks of complications like bowel perforation, bleeding and recurrence of polyp and to detect if there are any cancer cells in the polyp.

Benefits of removing such large polyps include:
• Reducing risk of cancer development in the polyp
• Diagnosing cancer in the polyp
• Improving symptoms caused by a polyp

Before your procedure

You will receive the standard patient information and medication for bowel washout before the test. This is the same information and bowel preparation that you will have had for your previous colonoscopy procedure. Please take time to read the information and follow the instructions provided to you by the Bowel Cancer Screening Team.

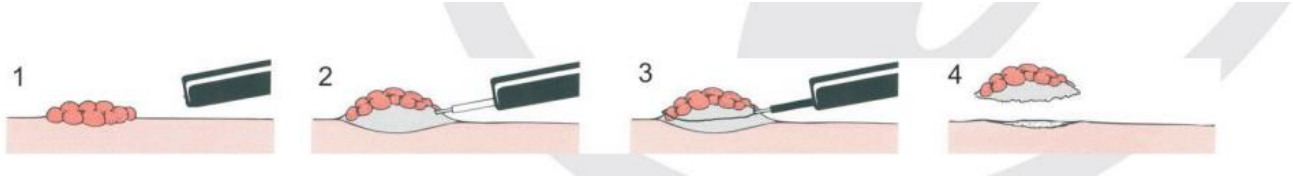
If not already discussed with you, please contact the Bowel Cancer Screening Office immediately if you:

- Are a diabetic
- Have suffered a heart attack within the last 3 months
- Are having kidney dialysis
- If you are taking warfarin or acenocoumoral or clopidogrel (Plavix®) or dipyridamole (Persantin® or Asasantin®) or Aspirin or other anti-coagulants (Dabigatran or Pradaxa®,Apixaban or Eliquis®, Rivaroxaban or Xarelto®)
- You will need to stop Iron tablets 1 week before the procedure

During your procedure

From your point of view, you may notice no difference from your previous colonoscopies. More general information about having a colonoscopy is given in the separate leaflet which you will receive. The EMR procedure can take longer than a standard colonoscopy - this can vary depending on the size and position of the polyp but can take up to 90 minutes. A sedative injection can be given to help you relax during the test. The test can be stopped at any time on your request, though medical advice would be to attempt to remove the polyp fully at a single session as repeat procedure can increase risk of complications.

During the procedure, the endoscopist will find the polyp which has previously been detected in your bowel, then assess whether EMR is the best way to remove the polyp and if so, will attempt to remove the entire polyp using the endoscope equipment. The diagram below illustrates the technique.



A special needle is passed through the colonoscope and inserted under the base of the polyp. Fluid is injected through the needle to raise the polyp away from the lining of the bowel wall. A wire snare is then passed through the scope and positioned around the raised polyp. The snare is pulled tight, and an electric current is passed through the snare which cauterises any blood vessels as the polyp is cut off. If the polyp is very large, it may be removed in several pieces in the same way.

Argon Plasma Coagulation (APC) may be used to cauterise the edge and base of the area of polyp removal to reduce the risk of bleeding and polyp recurrence.
Endoscopist may mark the area of the removed lesion with ink (tattoo) so that when follow-up endoscopy is performed, he or she can be sure the lesion was removed completely.

What are the risks of EMR & APC?

EMR carries the same risks of standard colonoscopy. These are explained in the colonoscopy information leaflet. However, because of the technical nature of EMR, the risk of perforation or bleeding is significantly higher (although still uncommon). In general, EMR is considered the safest technique for removing this sort of polyp.

The main risks are:

Perforation – this means tearing a hole in the bowel. For EMR, this occurs about one in less than 50 to 100 patients (1 to 2 %) with the highest risk when removing large polyps from the right hand side of your colon. This will necessitate hospital admission. Occasionally perforations heal with antibiotics and sometimes they can be treated with the endoscope by using metal clips. However usually 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. Perforation of bowel can occur or come to light up to a week after the procedure

Bleeding – bleeding may occur once in every 50 or 100 patients (1-2%). Sometimes bleeding occurs during the test, but it can occur up to 14 days after the procedure. If bleeding does occur, it often stops on its own. However, very occasionally it requires a blood transfusion or further endoscopic procedure. Very rarely an emergency operation may be required to stop it. As with any bowel operation, a stoma (bag on your abdomen) is occasionally required, although this would usually be temporary.

Serious complications related to bowel perforation and bleeding carry a small risk of mortality.

Incomplete removal - sometimes the endoscopist cannot remove all the polyp for technical reasons – if this happens, a repeat endoscopic procedure might be planned for a later date or may refer you for an elective operation.

Rarely, occult cancer may be present in the polyp, and this might be missed if all the removed polyp is not retrieved for microscopic examination. If a cancer is detected in the polyp removed on microscopic examination, you will be referred for consideration of further investigation and treatment including surgical bowel resection.

What happens if the endoscopist does not think that EMR is possible?

In this case, the Endoscopist and Specialist Screening Practitioner will discuss whether you need to have an operation to remove the polyp.

Are there any other ways of dealing with my polyp other than EMR?

1. Do nothing – leave the polyp where it is. However, this is usually not advisable as large polyps often turn cancerous if they are left to grow or there may be occult cancer already present in the polyp

2. Remove the polyp by having a major operation on the bowel. Although usually a straightforward procedure, this carries the risk of the general anaesthetic and surgery (such as infection) and usually leaves you with a scar on the abdomen (tummy). Sometimes this can require a stoma (bag on your abdomen), although this may only be temporary.

After The procedure

You will usually be ready to go home approximately 1 to 2 hours after the procedure has ended, though sometimes we might admit you to hospital for overnight observation. Please bring an overnight bag with you in case this is recommended. Please ensure that a responsible adult can collect you from the department, take you home and stay with you for 24 hours.

Before you are discharged you will be given a copy of the report and clear details concerning follow up arrangements and aftercare information. A full report will be sent to your GP and referring hospital consultant. You will be given contact details in the event of any complications that may occur. The polyp is usually retrieved during an EMR procedure and sent to the pathology laboratory for further analysis. It can take up to 2 weeks before a result is available. Your Specialist Screening Practitioner will then be in touch with you regarding these results. Sometimes decisions about further treatment can only be made once these results are available.

Please avoid doing any strenuous physical activity, constipation and straining, lying or travel abroad for 2 weeks. After 2 weeks the chance of any complication is less than 1 in 1000.

The following signs or symptoms may indicate a serious complication from endoscopic mucosal resection:

- **Fever, Chills ,**
- **Sustained Vomiting ,**
- **Black or Bright red blood in the stool,**
- **Chest or severe abdominal pain, new onset Shortness of breath, Fainting**

You need to contact hospital or GP or attend emergency department with a copy of your report in the event of any of the above symptoms.

Follow-up exams

Typically, a follow-up exam is performed three to 12 months after your procedure to be sure the entire lesion was removed. Depending on the findings, your Specialist Screening Practitioner will advise you about further examinations.

CONTACT TELEPHONE NUMBERS:

If you have any specific concerns about your procedure, that you feel have not been answered and need explaining, please contact the following:

Worcestershire patients:

Bowel Cancer Screening Team
- Office - 01905 733 875

Alexandra Hospital Redditch
- Booking Office – 01527 505751
- Endoscopy Nursing Staff – 01527 512014

Kidderminster Hospital
- Booking Office – 01562 826328
- Endoscopy Nursing Staff – 01562 513249

Worcestershire Royal Hospital
- Booking Office – 01905 760856
- Endoscopy Nursing Staff – 01905 733085

Herefordshire patients:

Hereford Hospital
Endoscopy Nursing Staff – 01432 355444

Your GP, 111, the NHS non-emergency number (24hrs a day, 365 days a year and free calls from landlines or mobile phones)

Reference:

EMR and APC for large/flat colonic polyps
Version 3
Chesterfield Hospital NHS Foundation Trust

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.