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What is EMR?

'Endoscopic Mucosal Resection' is a technique for removing large flat polyps from the lining of the oesophagus, stomach or intestine through an endoscope – usually at gastroscopy or colonoscopy. The alternative to this technique is surgery. EMR is a highly specialised procedure only performed by a few trained specialists. While there are risks, it is usually performed as a day procedure.

How are you prepared?

The preparation is the same as for routine endoscopic procedures – please refer to the separate *Gastroscopy or Colonoscopy Patient Information Sheet* that accompanies this.

Special considerations

- People with diabetes, heart-valve disease or pacemakers may require special arrangements which should be discussed with Dr Brown.
- 'Blood-thinners' (other than aspirin), e.g. ticagrelor, clopidogrel, warfarin, Pradaxa, Xarelto, etc may need to be stopped before EMR procedures – *it is imperative that you have a clear plan from Dr Brown about your blood-thinners well in advance of an EMR procedure – if in doubt call 9521 1155.*

How is EMR done?

- The procedure will be performed with the usual sedation from an anaesthetist.
- Through the endoscope, fluid is injected under the polyp, creating a 'cushion' allowing the polyp to be snared off, often in several pieces depending on the size.
- Occasionally, for technical or safety reasons, EMR is not possible, and the polyp will not be removed.

What happens after the EMR?

- Once you are lucid, Dr Brown will discuss the procedure with you.
- You will be given discharge instructions, and if necessary a follow-up appointment will be made.
- **Someone will need to take you home, and stay with you.**
- You will usually need another procedure to check the polypectomy site in 3 - 6 months, then again 12 months later – this is an integral part of the technique.

Safety and risks

- The general risks of endoscopy apply (see accompanying *Information Sheet*), but the main risks of EMR are higher than for routine endoscopy, as outlined below:

	<u>'Routine'</u>	<u>'EMR'</u>
Discomfort	5%	10%
Bleeding	0.2%	5-10%
Perforation	0.1%	1%

- Bleeding may be delayed for up to 2 weeks after the procedure. You should NOT plan to travel during this time.
- Unusual complications such as chipped teeth, pancreatitis and splenic damage are possible, and, as with any invasive medical procedure, there is a remote chance that complications can result in death - *this is extremely rare.*

Any rectal bleeding or severe pain should be reported to Dr Brown promptly on 9521 1155 or pager 9387 1000