

## Endoscopic mucosal resection (EMR)

Endoscopic mucosal resection (EMR) is a less invasive alternative to surgery for removing abnormal tissues from the lining of the digestive tract. These tissues may be early-stage cancer or precancerous lesions, which may become cancerous if not removed. EMR is performed at the time of gastroscopy or colonoscopy. The abnormal tissue is usually sucked up into a cap attached to the endoscope, then removed by cutting with an electrified wire loop. Several pieces of abnormal tissue of approximately 1cm can be removed, so that abnormal areas several centimetres in size can be completely removed. Provided a cancer has not penetrated beyond the surface layer of the intestine (mucosa), small cancers can be cured by EMR with up to 95% certainty.

### Risks of the endoscopic mucosal resection include:

**Bleeding.** Minor bleeding occurs frequently and can usually be detected and corrected during the procedure. More significant bleeding occurs in approximately 1 in 50 patients and may cause vomiting of blood or black bowel motions either immediately after the procedure or within the first week after EMR. Admission to hospital, blood transfusion and repeat gastroscopy may be needed to treat bleeding.

**Puncture (perforation).** There is a slight risk (less than 1 in 100) of a puncture through the wall of the digestive tract. This is a serious complication that requires urgent treatment including the possibility of surgery.

**Narrowing of the oesophagus.** Removing a lesion that encircles the oesophagus carries some risk of scarring that narrows the esophagus, a condition that may lead to difficulty swallowing and require further treatment.

### Preparation for EMR

EMR is generally performed as a day procedure. Preparation for EMR is the same as for gastroscopy (see above). Blood thinners apart from aspirin generally need to be ceased prior to EMR, but should be discussed with Dr Taylor / Dr Cameron. Aspirin can usually be continued.

### After the EMR procedure

Instructions regarding precautions following the anaesthetic are also as for gastroscopy. Because of the risk of complications following EMR, it is advised that travel to remote areas of by plane is not undertaken for 5 days after EMR.

Liquids can be consumed for the remainder of the day but food should be avoided until the following day. Soft food can then be consumed for 5 days, but large chunks of solid food should be avoided. There may be some discomfort with swallowing for up to 1 week after EMR.

Please contact Dr Taylor / Dr Cameron or present to your nearest hospital if you experience severe pain, vomit blood, pass black bowel motions or have a high fever within 24 hours following your endoscopy.