

Cancer services

Gastroscopy with endoscopic mucosal resection (EMR)

Information for patients, relatives and carers

Introduction

This leaflet gives you information about gastroscopy with endoscopic mucosal resection (EMR). We hope it will answer some of the questions that you and those important to you may have. This leaflet is not meant to replace the consultation between you and your medical team. If you have questions or concerns, please speak to a member of your medical team.

What is gastroscopy?

Gastroscopy is the examination of the inside of the oesophagus (gullet, where food passes from your mouth to your stomach) or stomach. This is done using an endoscope (a long, flexible tube) which is put into your mouth and down your throat. Using a light and camera on the end of the endoscope, the doctor can look for anything abnormal (not normal).

What is oesophageal dysplasia?

Oesophageal dysplasia means there are abnormal cells in your oesophagus. We can only see these cells when we use a microscope because they are very small. It is quite common for patients with Barrett's oesophagus (a condition affecting the cells of the lower oesophagus) to have oesophageal dysplasia.

Having these abnormal cells does not mean you have cancer. However, more severe forms of dysplasia (known as 'high-grade dysplasia') can show that the cells might become cancerous in the future. Oesophageal cancer is a serious condition so it is better to stop it from developing or catch it at a very early stage when it can be very successfully treated.

What are the options for treating oesophageal dysplasia?

When we diagnose you with dysplasia, we will have a detailed discussion with you about the options available. The options are:

1. Repeat examinations in 6 months using an endoscope. This will mean we can monitor the abnormal areas of your oesophagus so that if cancer develops, it will be picked up at an early stage when it can still be successfully treated.
2. Endoscopic treatment (such as gastroscopy with endoscopic mucosal resection or radiofrequency ablation) to remove the cells lining the oesophagus.
3. Surgery to remove the oesophagus (called 'oesophagectomy').

There are pros and cons to each of these procedures, and we will discuss these with you.

What is gastroscopy with EMR?

As mentioned above, gastroscopy is a procedure we use to look at the inside of the oesophagus or stomach. Gastroscopy with EMR is when the doctor removes abnormal areas or tissue in the oesophagus or stomach through an endoscope. EMR helps remove bigger pieces of tissue than other procedures. This is helpful for planning treatment. Sometimes EMR helps us to remove all of the abnormal tissue we have found, which can reduce the treatment you might need in the future.

Who can have EMR?

Patients with small polyps (fleshy growths) in the oesophagus and stomach, or abnormal areas may be able to have EMR. All patients who might need EMR are discussed in a multidisciplinary team (MDT) meeting. At this meeting, specialists in different areas discuss the best treatment options for each individual patient.

What are the alternatives to EMR?

The current alternatives to EMR techniques include:

- laser beams for small areas, to remove abnormal areas of the lining of the oesophagus or stomach
- endoscopic submucosal dissection
- surgery

What does the EMR procedure involve?

EMR can be performed under sedation, which will make you feel relaxed and sleepy, but you will still be awake. Sometimes general anaesthesia can be used, which means you will be unconscious during the procedure. Your doctor will tell you if you will have general anaesthesia.

If sedation is used, a plastic tube (called a 'cannula') will be put into a vein in the back of your hand or forearm. This will be used to give you two sedative medications during the procedure. For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. In the procedure room you will be asked to remove false teeth and glasses if you wear them. You will then be made comfortable on a couch, lying on your left side.

If general anaesthesia is used, an anaesthetist will be in the room to give you medications to make you unconscious. A tube might be passed into your airways to help you with breathing when you are unconscious. The anaesthetist will tell you if they plan to use this and will stay in the room throughout the procedure to monitor you while you are unconscious. At the end of the procedure, the anaesthetist will support you as you wake up from the effect of the anaesthesia.

While you are under sedation or general anaesthetic, we will use an endoscope (long flexible tube) to look at your oesophagus. We will check that EMR is the right thing to do in your case and then we will make a mark in the area using an electric instrument. This acts as a guide on which area needs to be removed for the endoscopist. We might then inject a solution to lift and

separate the lining of your oesophagus from the muscle, which helps cause less damage to your oesophagus. After this we will remove the abnormal area and collect it through the endoscope. If you have any questions about the procedure, please ask us.

How can I prepare for the procedure?

You will need to fast before the procedure – you cannot eat or drink six to eight hours before your appointment.

If you take any tablets to thin your blood (such as warfarin, aspirin, apixaban, clopidogrel or ticagrelor), it is important you tell the department at least one week before the procedure. Please ring the number on your appointment letter as soon as possible to let us know.

How long does the procedure take?

This depends on the size of the area of your oesophagus or stomach we are treating. On average, the procedure takes about 30-40 minutes.

If you are under sedation, you will feel sleepy and relaxed for the whole of the procedure. If you feel uncomfortable at any time, please tell us and we will stop the procedure.

Who will perform my procedure?

This procedure will be performed by a consultant who has been trained in EMR and is experienced in doing procedures using endoscopes.

What will happen after the procedure?

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

You must arrange for a responsible adult to come with you and wait to take you home. You will not be able to drive yourself. If you come without an adult to wait for you and take you home, we will have to cancel the procedure. If you are using hospital transport, you don't need someone to come with you.

When you are properly awake, we will give you a drink, and you can then go home. You should not drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24-hour period. You should have a responsible adult stay with you for 12 hours after your procedure.

Food and drink

After the procedure, you should drink only liquids for the following day. 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. Soft foods include anything that are not difficult to chew such as mashed foods, soups etc.

Medication

You should carry on taking your acid-reducing medication. We might tell you to double the dose for weeks following the procedure. We might also tell you to start taking other medication to improve the healing of your oesophagus or stomach lining. You can also take simple 'over the counter' indigestion remedies if you need to.

After EMR, you may notice some after effects for as long as 10-14 days. These effects usually include mild chest or abdominal discomfort (similar to heartburn or tummy pain) and mild discomfort when you eat food. Paracetamol should be enough to help with this discomfort.

You can take aspirin after the procedure, and we will give you specific instructions about when to start taking other blood thinner medications. You should not take non-steroidal painkillers (such as ibuprofen or Diclofenac). Please call the department for advice if you are on any blood thinning medication as you will need to stop it before the procedure.

When will I find out the result?

The endoscopist will tell you what happened during the procedure in the recovery area afterwards. As you have had anaesthetic, it is a good idea to have someone with you because the anaesthetic might make it difficult for you to remember what they tell you.

You will find out the results at an outpatient appointment or by telephone consultation. You can choose the one that you prefer. At this time, we will also tell you about any further treatment you might need.

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) – this happens in about one or two out of one hundred (1-2%) EMR procedures
- bleeding – this also happens in about one or two out of one hundred (1-2%) EMR procedures

Other rare complications include:

- Aspiration pneumonia (inflammation of the lungs caused by breathing in or choking on vomit)
- A reaction to the anaesthetic or pain medication

If we think there's been a complication during the procedure, we might keep you in hospital for observation.

If you experience any of the following after you are discharged home, you should call 111 or attend A&E:

- Chest pain
- Great difficulty swallowing
- Shortness of breath
- Fever
- Abdominal pain

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- Bleeding

You can let your clinical team know by calling the Macmillan Navigator service. However please note this service is not an emergency service so you should call 111 or attend A&E first, for immediate help.

Gastroscopy and EMR for patients with diabetes

Please follow the instructions below if you have diabetes that is controlled with insulin or tablets. If you have any questions relating about EMR and diabetes, please contact your GP.

Food and drink

- Do not eat for six hours before your procedure
- Do not drink for three hours before your procedure
- Test your blood glucose regularly - if it drops below four, please have a sugary drink such as Lucozade (100 ml), apple or grape juice (200 ml), until your blood glucose level is five
- After your procedure you can eat and drink normally unless specifically told otherwise

Insulin and tablets

On the day of your procedure, 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 can eat after 11am (if 11am is six hours or more before your procedure), have half of 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 can eat after 11am (if 11am is six hours or more before your procedure), don't take your breakfast dose and have your normal lunchtime dose with food
- Have your normal tea time and bedtime evening doses.

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.

Further sources of support and information

Macmillan cancer navigator service at Imperial College Healthcare NHS Trust

This is a single point of contact for cancer patients at Imperial College Healthcare NHS Trust, and their family, friends and carers. The service is here to help you to navigate your care and resolve queries that you may have. Our Navigators can access information about your appointments, connect you to appropriate services and signpost you on to further support. They can also book you in for a telephone call back from your Clinical Nurse Specialist (CNS) if you have a question that needs clinical input.

The service is open Monday to Friday 08:30 to 16.30 excluding bank holidays. (The service is closed for training between 14.00- 14.45 on Thursdays.)

Call: **020 3313 0303**

Macmillan cancer information and support service at Imperial College Healthcare NHS Trust

The Macmillan cancer information and support service offers free support and information to anyone affected by cancer, including family and loved ones. The service has physical centres at Charing Cross and Hammersmith Hospitals, and also offers virtual and telephone support. When you call or visit you can speak to one of the Macmillan cancer team one-on-one about whatever matters most to you. You can sign up to a range of weekly virtual groups that provide the opportunity to connect with other people with cancer in a relaxed environment. You can also speak to our Macmillan welfare and benefits adviser, who can offer patients of the Trust tailored advice on additional financial support.

The service is open Monday-Thursday (excluding bank holidays), with various drop-ins available within our physical centres. For more information please call us on **020 3313 5170** or email imperial.macmillansupportservice@nhs.net

Maggie's West London

Maggie's is a cancer charity that provides the emotional, practical and social support to people with cancer and their family and friends.

The centre offers a calming and beautiful space, a professional team of support staff, and the opportunity to talk and share with a community of people who have been through cancer too.

Maggie's centres are warm, friendly and informal places full of light and open space, with a big kitchen table at the heart of the building. Maggie's West London is located in the grounds of Charing Cross Hospital but is independent of our hospital.

The centre is open Monday to Friday, 09.00-17.00. For more information please call **020 7386 1750**.

Macmillan Support Line

The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. This support line is a national line provided by Macmillan and is independent of our hospital.

The Support Line is open every day, 08:00 to 20:00. Please call: **0808 808 000** or visit www.macmillan.org.uk

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 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at 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 complain by contacting our complaints department:

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

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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