



Manchester Royal Infirmary

Endoscopic Mucosal Resection Endoscopy Unit

Information For Patients



You have been advised to have an endoscopic mucosal resection to your oesophagus (gullet) or stomach. This booklet has been prepared to help you understand this test. Please read it carefully. It includes answers to questions that a lot of people ask. If you have more questions, or if there is anything that you do not understand, then please do not hesitate to contact the endoscopy unit on **0161 276 7993** or **0161 276 4366**.

Please complete the checklist at the back of the booklet, and bring it with you to the endoscopy unit when you attend for your appointment.

If you have difficulty speaking or understanding English, Linkworkers are available to interpret on your behalf. For further information, please contact the Linkworkers on (0161) 276 6202.

Where is the endoscopy unit?

The department is located in the Manchester Royal Infirmary Hospital, on the second floor of the AM (Acute Medical) block, located near the Manchester Royal Infirmary Boulevard entrance.

Will I need to fast for this test?

Yes. Please do not have anything to eat or drink for 6 hours before your test. This is to ensure that the stomach and first part of the small bowel are completely empty, we discourage the use of chewing gum and sweets but regular mouthwashes with water may help with any discomfort caused by a dry mouth. PLEASE DO NOT SWALLOW THE WATER

Should I take my usual tablets or medicines?

Please take your tablets with only a few small sips of water no later than 7.00 am. Inhalers can be taken as usual. If you have insulin injections, then we will need to know that in advance so please call **0161 276 7993** or **0161 276 4366**.

In order to complete the endoscopic mucosal resection, **it is vital to stop warfarin, clopidogrel or sinthron for 7 days before the procedure.** The doctor who has requested the test would have already given you instructions regarding this, but if you are at all unsure please ring **0161 276 7993** or **0161 276 4366** to clarify. If you have been advised that you should not stop the medication, please call one of these numbers to confirm.

What is an Endoscopic Mucosal resection?

This test combines both an endoscopy and removal of tissue from your oesophagus (gullet) or stomach. The endoscope used is a fairly thin flexible tube about as thick as an adult's index finger which you will have had previously to assess your gullet. The endoscopic mucosal resection (EMR) treatment comprises a device fitted onto the end of the endoscope to allow removal of larger and deeper pieces of gullet lining than is possible with standard biopsies.

Why do I need it?

Your previous endoscopy tests have shown an abnormal area of tissue within your gullet. This EMR test is done to get a deeper tissue sample to allow more accurate assessment of the gullet lining and it may also remove some or all of the abnormal lining at the same time.

Will I need more than one visit?

Most people need a repeat endoscopy following the procedure in 2-3 months to reassess the area.

Will I need to have blood tests before this procedure?

Yes. Depending on your appointment time and on how far away from the hospital you live, we will either arrange for you to have blood tests on the day before the procedure, or else the nurse will take blood samples from you when you arrive. Once they have been sent to the laboratory, the results will be available within a few hours.

Will I be asked to get changed into a gown?

No, Please wear comfortable loose-fitting clothes for the procedure.

Could there be any delays on the day of my procedure?

The appointment time given is the time we will be expecting to see you; it does not usually coincide with the actual time of the procedure. We advise you to bring a good book or magazine. You could be in the department a few hours before the procedure is started, so please be patient. We frequently perform emergency started endoscopies on patients from the wards, and these will take priority.

What will happen when I arrive?

The receptionist will ask you a few questions, and ask you to take a seat in the waiting room.

A nurse will take you to a more private area, ask you various questions, complete the necessary paperwork and place a name band around your wrist. We will need to know what medications you are on (if any). Please check that your details on your wrist band are correct.

Please let us know if you:

- Are pregnant.
- Have diabetes.
- Have glaucoma.
- Have had a heart attack in the last six months.
- Are waiting heart surgery.
- Are waiting coronary angioplasty.
- Have any allergies, especially to latex.
- Have ever had a reaction to an anaesthetic or medication.

The nurse will also ensure you understand the procedure, and answer any questions you have about it.

Either the nurse or the doctor will ask you to sign a consent form, unless this has already been signed in clinic. The bottom copy of this form will be given back to you to keep.

Will I need sedation?

We strongly recommend sedation for all patients who undergo endoscopic mucosal resection. You may have had a normal gastroscopy without sedation in the past, but this particular test does take longer so we do advise sedation. In preparation for this, a nurse will insert a small plastic venflon (cannula) into a vein in the back of your hand or arm, then flush it through with sterile salt water. The sedation itself will not be given until you are in the procedure room.

With the sedation, we require you to:

- Have a responsible adult stay with you whilst you are in the unit.
- Have a responsible adult take you home and stay with you for 12 hours after the test.

After the test you must not:

- Travel home on public transport.
- Drive or operate machinery for 24 hours.
- Be left alone to care for small children for 24 hours.
- Drink alcohol for 24 hours.
- Sign any legal documents for 24 hours.
- Return to work for 24 hours. Depending on when your test was done this may be on the second day after your test. For example, if your test was done in the afternoon you would not return to work until the second day after your test.

Will the sedation make me asleep?

The sedation will make you feel sleepy and will relax you. Many do not recall the procedure afterwards, and many fall asleep during it. However there is no guarantee of this and you may still be aware of the procedure to some extent. We do not give a general anaesthetic for this procedure.

How long will the procedure take?

The procedure itself takes approximately 30 minutes. However, you will probably be in the department for several hours.

What will happen during the test?

In the examination room you will be asked to sit on the bed, and a banana-flavoured local anaesthetic will be sprayed to the back of your throat. If you have any removable false teeth, we will ask you to take them out and place them in the clean plastic pot provided. You will then be asked to lie on your left side, and a plastic mouth-guard will be gently placed between your teeth or gums. Once this is in place, the doctor will give you sedation via the venflon (cannula).

The endoscope will be gently placed into your mouth, and over the back of your tongue into your oesophagus (gullet) then upper intestine.

During the endoscopy air will be passed through the scope to distend the gullet and allow a clearer view. This air will be sucked out at the end of the test.

After the initial gullet assessment the endoscope will then be removed and the endoscopic mucosal resection device fitted onto the end of the endoscope. The endoscope is then placed back into the gullet to remove the abnormal area of gullet lining and the pieces removed are then collected and sent to the laboratory.

Will the procedure be uncomfortable?

Sometimes, people do feel a little discomfort during the endoscopic mucosal resection, but most feel no more than a mild internal pressure. You will be given an effective pain-relieving injection before the procedure, in addition to the sedation.

Will there be any medical students present during my procedure?

As this is a teaching hospital, we do often have students observing endoscopy lists. However, if you have any objections to this you just need to let us know on the day of your procedure. You are under no obligation to have them present.

What will happen after the test?

You will be taken back into the recovery area of the endoscopy unit whilst still lying on the bed. The local anaesthetic spray can affect your swallowing, so we will ask you not to eat or drink anything for at least one hour, or until the numbness has subsided and your swallowing reflex has returned to normal.

you may feel a little bloated, but this will soon pass. After an hour you will be able to have a cold drink but no food for four hours. It is recommended that you only have soft foods for 3 days following the procedure.

How long we will ask you to stay in the department varies according to time taken to perform the procedure and the length of the gullet treated. Usually, we will discharge you after 3-4 hours, but occasionally we will request you stay overnight. If an admission is necessary, we will give you plenty of warning in advance.

What are the risks of Endoscopic Mucosal Resection?

- Perforation (less than 1 in 200 risk), where the endoscopic mucosal resection causes a tear in the gut. In the event that this occurs, it would usually become apparent within an hour or so of the procedure. You would then require admission and would often need an operation.
- Bleeding (less than 1 in 50 risk). This is usually minimal and rarely requires treatment or follow-up.
- Chest pain (less than 1 in 500). Some chest discomfort may occur after the procedure but usually settles within a few hours.
- Difficulty in swallowing. This is usually only for a day or two but in up to 50% of patients a narrowing of the gullet can occur (a stricture) if a large area of the gullet has been treated. This may require treatment by stretching with an endoscope at a later date.
- Risk of damage to crowned teeth and dental bridgework.
- Reaction to the sedative medication, which can lead to immediate and temporary breathing difficulties. This is uncommon. To avoid this we will give you oxygen throughout the procedure and monitor your oxygen levels carefully throughout the whole procedure. If your oxygen levels do drop significantly, we will give you an injection of a drug that rapidly reverses the sedation.

Your information checklist

- | | |
|---|-----|
| I have read this booklet. | Yes |
| I understand the information it contains. | Yes |
| I understand I need to fast for this test. | Yes |
| I am aware of the risks associated with this procedure. | Yes |

Sign:

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website www.nhs.uk - click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员, 请要求我们的员工为你安排



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