Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Endoscopic Mucosal Resection (EMR)

1. Introduction

1.1. EMR is an endoscopic procedure which is done during OGD or colonoscopy. The goal of EMR is removal of sessile or flat neoplasms confined to the superficial layers (mucosa and submucosa) of the GI tract.

2. Procedural Preparation

2.1. A written consent is required.
2.2. Patients should fast (no food nor drink) for at least 6 hours before the examination.
2.3. Before colonic procedure, patient should only have a low fibre diet (i.e. no fruit, vegetables, nuts, etc) three days before the examination.
2.4. Consume all laxative as instructed, or else the examination cannot be proceeded.
2.5. However, if patient have severe sweating, palpitation, vomiting, dizziness and abdominal pain after taking the laxative, please stop and inform the medical staff immediately. Please go to the nearby hospital or Accident and Emergency Department if condition getting worse.
2.6. Do not bring any valuables or wear any metallic belongings or jewellery to the procedure room; Dentures, glasses and contact lens should be removed.
2.7. Avoid make up or nail polish for it may interfere the medical observations.
2.8. Patient should inform the medical staff of any major medical problems including diabetes, hypertension, pregnancy, and the current medications, especially for antiplatelet and anticoagulation drugs and any allergic history.
2.9. Patients must be accompanied by an adult relative or friend when leaving the hospital.
2.10. Heavy drinking, smoking or use of sedative before the procedure should be avoided.

3. Procedure

3.1. Prior to the procedure, depending on the individual patient's condition, intravenous sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
3.2. In upper GI case, local anaesthetic will be sprayed on the throat. Patient will be instructed to bite on a plastic mouth guard so as to facilitate the insertion of endoscope by the doctor.
3.3. Patient should lie on the left side.
3.4. Doctor would then pass a flexible endoscope through the mouth down to the GI tract for upper endoscopy or insert through the anus to the large bowel for lower endoscopy to perform the examination.
3.5. Patient is under close monitoring.
3.6. It is normal if feeling bloating and abdominal distention during the procedure.

4. Possible Risks and Complications

4.1. For upper endoscopy, the local anaesthetic causes numbness in the throat for around an hour, resulting in difficulty in swallowing.
4.2. EMR could cause serious complications, which include perforation, bleeding, etc. If major complications occur, emergency surgical treatment may be needed.
4.3. The complication rate varies with patient's conditions and the complexity of the diagnostic and therapeutic methods performed.

5. Post-procedural information

5.1. As the effect of local anaesthetic will persist for about an hour, patients should remain fasted until anaesthesia has worn off. This prevents choking with food or fluid intake.
5.2. If the patient has received intravenous sedation, patient should avoid operating heavy machinery or driving for the rest of the day to prevent an accident. Also he/she should avoid signing any legal document.

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5.3. The patient may contact the Endoscopy Centre during office hours for any discomfort after the procedure, or any question about the examination result and drug treatment.

5.4. If patient has the following conditions such as passage of large amount of blood, severe abdominal pain, or fever, he/she should seek medical advice at the nearest Accident and Emergency Department.

6. References

6.1. American Society for Gastrointestinal Endoscopy (ASGE) (2015). Endoscopic mucosal resection.

6.2. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____