

Procedure Information Sheet - Endoscopic Submucosal Dissection (ESD)

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

1. Introduction

- 1.1. ESD is an advance endoscopic procedure which is done during gastroscopy or colonoscopy. The goal of ESD is removal of gastrointestinal tumours that have not entered the muscle layer yet. ESD may be done in the oesophagus, stomach or colon.
- 1.2. The procedure consists of three steps:
 - 1.2.1. Inject fluid into the submucosa to elevate the lesion
 - 1.2.2. Cut the surrounding mucosa of the lesion
 - 1.2.3. Dissect the submucosa beneath the lesion

2. Procedural Preparation

- 2.1. A written consent is required.
- 2.2. Patient should fast (no food nor drink) for at least 6 hours before the examination.
- 2.3. Before colonic ESD procedure, patient should only have a 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 has severe sweating, palpitation, vomiting, dizziness and abdominal pain after taking the laxative, please stop and inform the doctor or the nurse immediately and attend nearby hospital or Accident and Emergency Department if the conditions become 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 the use of antiplatelet and anticoagulation drugs and any allergic history.
- 2.9. Patient 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. Local anaesthetic sprayed on the throat of patient causing some numbness. Patient has to bite a plastic mouth guard to facilitate the insertion of endoscope by doctor.
- 3.2. Patient is put under sedation throughout the procedure.
- 3.3. Patient should lie on the left side.
- 3.4. Doctor would then pass a flexible endoscope through the mouth down to GI tract for upper endoscopy. Endoscope is passed through the anus up to the large bowel for lower endoscopy.
- 3.5. Patient is under close monitoring during the procedure.
- 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. Minor discomfort including nausea, distension of the stomach and mild sore throat is common. Such discomfort would disappear within a day.
- 4.3. ESD could cause serious complications including perforation, bleeding, etc. If major complications occur, emergency surgical treatment may be needed.
- 4.4. The complication rate varies with patient's condition and complexity of the diagnostic and therapeutic methods performed.



