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Endoscopic
mucosal resection



Patient information

Endoscopic mucosal resection (EMR)

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Endoscopic mucosal resection - the removal of colon polyps

Why have I been given this leaflet?

You have been found to have a colon polyp or an abnormal area in the bowel lining that needs a more specialised endoscopic technique to remove it. This leaflet explains what EMR is, why it has been recommended, what the procedure involves, the possible benefits and risks, and what to expect afterwards.

What is a colon polyp?

A polyp is a growth on the lining of the bowel. Some polyps stay harmless, but others can slowly develop into bowel cancer over time. Removing polyps reduces the risk of bowel cancer.

Most polyps can be removed during a standard colonoscopy. Some are larger, flatter, or more difficult to remove safely, so they need a more advanced technique called EMR.

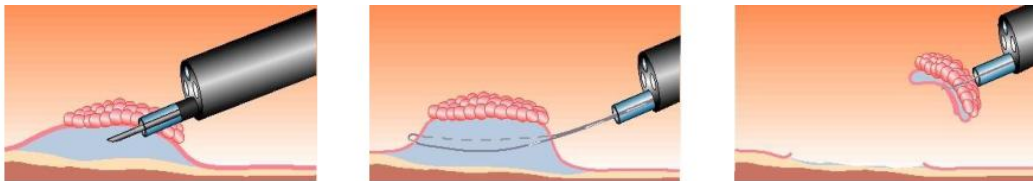
Why has EMR been recommended for me?

You have been referred for EMR because your polyp is thought to be suitable for specialist endoscopic removal. For many patients, EMR is a less invasive alternative to bowel surgery.

What is EMR?

EMR stands for endoscopic mucosal resection. It is a treatment used during an endoscopy procedure to remove abnormal tissue from the lining of the bowel. The procedure is performed through the endoscope, without the need for an operation on the abdomen.

How EMR works



EMR works by lifting the polyp away from the muscle layer with fluid, then removing it with a snare.

1. The polyp or abnormal area is identified.
2. Fluid is injected underneath it to create a cushion between the lesion and the muscle layer underneath.
3. The lesion is caught with a snare and cut away from the healthy tissue.
4. The removed tissue is retrieved and sent to the laboratory for testing.

The lifting step helps separate the polyp from the deeper muscle layer and makes removal safer.

During your EMR

The procedure usually takes longer than a standard colonoscopy and, in more complex cases, may take an hour or more. Sedation and pain relief are commonly given to help you relax. Occasionally, the procedure is performed under deep sedation or general anaesthetic. If deep sedation or general anaesthetic were required, this would be planned with you in advance of the procedure.

Most patients find EMR acceptable, but you should tell the team if you are uncomfortable during the test.

What are the benefits of EMR?

- removal of a polyp or abnormal area that could become cancerous,
- avoidance of surgery in many patients,
- a less invasive treatment than an operation.

What are the risks of EMR?

Because EMR is used for larger or more difficult lesions, the risks of bleeding and perforation are higher than for a standard colonoscopy, although they are still uncommon.

Perforation

A perforation is a hole in the bowel wall. This can often be treated during the procedure with clips and antibiotics, but emergency surgery is occasionally needed. As with any emergency bowel surgery, a stoma bag may be required, which is often temporary. The risk of perforation is less than 1 in every 100 cases.

Bleeding

Minor bleeding is common and often settles naturally. More significant bleeding may require observation, repeat endoscopy, blood transfusion, or very rarely surgery. Delayed bleeding can happen up to 14 days after the procedure. The risk of significant bleeding is around three in every 100 cases.

Incomplete removal or need for planned surgery

Sometimes the endoscopist cannot remove all of the polyp for technical reasons. If this happens, a further endoscopic procedure or an operation may be needed later. If the polyp is successfully removed, but the risk of cancer in the remaining bowel is high, we may still advise you to have an operation later on.

Narrowing of the bowel

Removing large rectal lesions can occasionally cause scarring and narrowing of the bowel, which may need further treatment.

Are there alternatives?

- No treatment - this is usually not advised for large polyps because some may become cancerous if left to grow.
- Another type of endoscopic resection - such as ESD (endoscopic submucosal dissection) in selected cases. This would be discussed with you in advance if we thought ESD was more appropriate.
- Bowel surgery - this may involve an abdominal scar and, in some cases, a temporary stoma.

What happens after the procedure?

You will rest in recovery until the effects of sedation or anaesthetic have worn off. Most patients go home the same day with a responsible adult, although some may be advised to stay overnight as a precaution.

We do recommend you take some time to recuperate after the procedure. This means you **should not** plan any major travel in the two weeks after your EMR, and no strenuous physical activities for one week afterwards.

A further colonoscopy is often recommended about three to six months later to check that the whole polyp has gone and that there has been no regrowth.

Symptoms to watch for after EMR

- fever or chills
- frequent bowel movements with blood or clots
- severe or persistent abdominal pain
- shortness of breath
- fainting or feeling generally very unwell

Seek urgent medical advice if these symptoms develop after you go home.

Medicines

If you take warfarin, clopidogrel, ticagrelor, apixaban, rivaroxaban, dabigatran, edoxaban, or other blood-thinning medicines, special arrangements may be needed before and after EMR. Do not stop these medicines unless you have been told to do so by the hospital team.

Aspirin should be **continued** routinely.

Contact details

Endoscopy Booking Team

01442 287691 / 01442 287582

westherts.endoscopybookinglowers@nhs.net

Endoscopy Unit

01442 287968 (Hemel Hempstead Hospital)

01923 436095 (Watford General Hospital)

Out-of-hours urgent advice

NHS 111 / Emergency Department

[Watford General Hospital](#)

Vicarage Road

Watford

Hertfordshire WD18 0HB

Hospital switchboard: 01923 244366

[Hemel Hempstead Hospital](#)

Hillfield Road

Hemel Hempstead

Hertfordshire HP2 4AD

Hospital switchboard: 01442 213141

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