

# Advice for patients and carers about having a **Endoscopic Mucosal Resection (EMR)** During Gastroscopy

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## Endoscopy Department Patient information

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### What is Endoscopic Mucosal Resection (EMR)?

EMR is a technique performed during endoscopic procedures such as Gastroscopy. It is used to remove abnormal cells and tissue from the lining of the digestive tract (mucosa).

### What is EMR used for?

In the Endoscopy Department, EMR may be used in the treatment of several conditions:

#### Barrett's Oesophagus

EMR may be used to remove areas of **high grade dysplasia**; patches of abnormal cells in the lining of the oesophagus (gullet), which have the potential to become cancerous. Dysplasia is a term used to refer to cells which are found to be abnormal when examined under a microscope. Dysplasia occurs more commonly in patients who have a condition called Barrett's Oesophagus. **Barrett's oesophagus** is a condition in which the cells lining the lower oesophagus have changed from flat, pale, pink (squamous) cells to taller, red (columnar) cells, similar to those which line the stomach. The main cause of Barrett's oesophagus is gastro-oesophageal reflux disease (GORD). In GORD, acid from the stomach rises up into the oesophagus (reflux) causing irritation and inflammation. If the reflux persists over time, the cells lining the oesophagus can change, leading to the development of Barrett's oesophagus.

#### Polyps and Cancers

EMR may also be used to remove polyps (small fleshy growths) or small / early cancers from the lining of the oesophagus or stomach.

### Why has my doctor recommended that I have EMR treatment?

EMR treatment of high-grade dysplasia can help to reduce the likelihood of developing cancer, by removing the abnormal section of tissue. It may be used in conjunction with other therapies, such as ablation, where energy is applied to the affected area to ensure that all the abnormal cells are destroyed. Your doctor will have recommended this procedure as the most suitable method for removing abnormal, or cancerous cells, or polyps that require further investigation.

## Are there any alternatives to EMR treatment?

Other endoscopic treatments such as Radiofrequency Ablation (RFA) or Argon Plasma Coagulation (APC) may carry less risk, although they may not be as effective at removing all the affected tissue. In some cases, surgical treatment may be considered. This will depend on your general health as well as the reason for your referral. Your consultant will discuss the options with you and recommend the most suitable form of treatment for you.

## How do I prepare for EMR?

EMR treatment is performed in the Endoscopy Department during Gastroscopy. If you have been referred for EMR treatment you will have received this leaflet with a booklet about the Gastroscopy procedure. Please make sure that you:

- 1. Read the Gastroscopy booklet before you attend your appointment**
- 2. Inform the Endoscopy Department if you take anticoagulant medication**
- 3. Do not have anything to eat or drink for at least six hours before the procedure\***
- 4. Arrange for someone to collect and accompany you for at least 12 hours after sedation (you will not be able to drive or work for 24 hours afterwards)**

(\*Please contact the Endoscopy Department if you are diabetic and need additional advice)

## How is EMR performed during Endoscopy?

The whole procedure is very similar to a normal Gastroscopy. It takes approximately 30 minutes and it is advisable to have sedation rather than just throat spray, as the procedure can be uncomfortable. The endoscopist will pass a thin, flexible tube with a camera on the tip (an endoscope) down through your mouth and into your oesophagus to have a look at the affected area. Once the endoscopist has assessed the area and confirmed that EMR treatment is appropriate, the area to be treated will be marked. In some cases, a solution of liquid may be injected under the lining to lift the area to be treated and reduced the risk of perforation (making a tear). The endoscope will be withdrawn and equipment will be fitted to the tip of the camera. The endoscope is then passed back down into the oesophagus and the treatment is performed. The affected area of the mucosa (lining) is removed using a loop of wire (snare). Electrical current is passed through the snare as the tissue is removed, to reduce the risk of bleeding. It is therefore necessary to apply a protective sticky pad to your hip or upper leg to ground the current. The pieces of tissue are retrieved and sent for analysis. In some cases ablative treatments such as Radiofrequency Ablation (RFA) or Argon Plasma Coagulation (APC) may be used after EMR to remove any residual pieces of tissue. Separate information sheets about these treatments are available from the Endoscopy Department (see below).

## Does it hurt?

EMR treatment can be uncomfortable. During the procedure, sedation and analgesia (pain relief) will be given via a cannula (a flexible plastic tube inserted into your arm or hand). The nurses and endoscopist will make sure that you are kept as comfortable as possible and will stop the procedure if necessary. Afterwards, the treated area may feel sore for several days. Taking simple pain relief, such as paracetamol, can be helpful, but you should avoid Non-Steroidal Anti-Inflammatory Painkillers such as Aspirin, Ibuprofen and Diclofenac (Voltarol). You may experience mild discomfort in your chest for the next 10 to 14 days, particularly after eating. Over-the-counter indigestion remedies may help. You will be given detailed advice by the Endoscopy nursing staff.

## Are there any risks with EMR treatment?

EMR treatment is considered to be a safe and effective procedure in the treatment of high grade dysplasia and cancers of the oesophagus. Serious complications such as perforation and bleeding are very rare, occurring in approximately 2 to 3% of patients. Other potential complications are very similar to those associated with Gastroscopy and are discussed in more detail in the Gastroscopy booklet. It may be necessary to return for regular endoscopies to keep the area under surveillance, and further treatment may be needed in the future.

## How soon after EMR can I eat, drink and go home?

The recovery following EMR treatment is very similar to that after a Gastroscopy, except that it is recommended that you should only drink liquids for 24 hours after the procedure. These liquids, which may include soup, should be not too hot or cold. After 24 hours you may begin to take soft, sloppy food before returning gradually to a normal diet. Medication may be prescribed to help the area to heal, relieve discomfort and prevent further damage. You will be given detailed discharge instructions by the nursing staff in the recovery area before you leave the Department.

## For further advice please contact:

**Royal Bournemouth Endoscopy Department:**

**0300 019 4668** (Mon - Fri, 8am-6pm)

**Poole Hospital Endoscopy Department:**

**0300 019 2772** (Mon - Fri, 8am-6pm)

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