Removing polyps in your digestive tract with endoscopic full-thickness resection (EFTR)

Digestive Diseases Centre

Information for Patients

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Introduction

This leaflet tells you about the procedure called endoscopic full-thickness resection (EFTR). It explains what EFTR involves and also some of the common complications associated with it.

What is endoscopic full-thickness resection (EFTR)?

EFTR is a special form of endoscopy where an abnormal area is removed along with its deeper layers. An endoscopy is a procedure where organs inside your body are looked at using an instrument called an endoscope. An endoscope is a long, thin, flexible tube that has a light and camera at one end. Images of the inside of your body are then seen on a television screen.

EFTR is most commonly used to remove non-cancerous (benign) growths (polyps) from the lining of the digestive tract (also called the gastrointestinal (GI) tract). Your GI tract is the tract from your mouth to your anus, which includes all the organs of the digestive system.

Polyps have the potential to grow into cancer.

Most polyps can be removed using standard techniques such as placing a loop around them, tightening the loop and cutting the polyp by passing an electrical current through the loop. This is done by passing an endoscope inside the GI tract and using equipment and techniques to remove the polyps through the endoscope. Sometimes, it is not possible to remove polyps using these standard techniques due to scarring from previous incomplete removal procedures or due to the location of a polyp, for example if a polyp is located in a difficult position. These polyps would then usually have to be removed by removing part of the GI tract with major surgery.

The use of an EFTR procedure now allows complete removal of polyps without major surgery. EFTR is also used to remove small cancers from the GI tract if the cancer is in the early stages, or because a major operation is not possible.

What tests will I need before I can have this procedure?

- **An endoscopy procedure:**

This is needed to look inside your GI tract. The type of endoscopy procedure needed will depend on the location of the polyp. It will be either an oesophagogastroduodenoscopy (OGD) which looks at the top part of the GI tract (the food pipe, stomach and first part of the small bowel), or a colonoscopy which looks at the large bowel.

This will give us a clear idea of what the polyp looks like and allows the consultant to assess whether your polyp is suitable for an EFTR procedure.

- **Transrectal ultrasound scan (TRUS):**

This scan may sometimes be needed. A TRUS is a scan of the polyp performed through your back passage. It allows us to assess your polyp and the surrounding tissues in the rectum. This may be done at the same appointment when you have a camera inspection of the lower part of your large bowel, or at a separate one, depending on your circumstances. Depending on the type of your polyp, you might have an MRI scan of your pelvis instead.

- **Endoscopic ultrasound scan (EUS):**

This scan may sometimes be needed. An EUS is an endoscopy procedure which uses ultrasound to view the surrounding tissues in the GI tract. This will show how much of the tissue is affected.

How long will I be in hospital?

There are 2 types of admission, a one-stop or a two-stop. The decision will be based on your past medical history and whether you have been referred from out of Leicester.

- **Two stop** - you will be sent an appointment to visit the hospital for the above tests and to attend a pre-assessment clinic afterwards. Your consultant will then offer you a date for the EFTR procedure.
- **One stop** - you will visit the hospital the day before the procedure for the above tests and to attend a pre-assessment clinic. You will then go home or stay locally overnight and return the next day for the EFTR procedure.

You will normally be able to return home the day after the procedure, but sometimes you may need to stay a few more nights. This will depend on your past or current medical history, or if the procedure is likely to be long or difficult.

Do I need to do anything in preparation?

If you take blood thinning tablets please let the Endoscopy Department know. You may need to stop this temporarily before your procedure or we may need to arrange cover. We will discuss this with you when you contact us (see last page for telephone number).

If you are diabetic and need advice on how to manage your diabetes for the fasting period before your procedure, please contact the Endoscopy Department.

What happens on the day before the procedure?

If the polyp is in your bowel you will be given bowel prep to drink the day before your procedure. You will be given clear instructions for this, which will also include fasting instructions. The bowel prep will empty your bowel of any stool residue to allow the procedure to be carried out.

If the polyp is in your food pipe, stomach or the first part of the small bowel, you will be asked to stop all food and drink (fast) from midnight.

What happens on the day of the procedure?

When you arrive to the day unit in the morning you will be prepared for theatre.

You will be reviewed by the anaesthetist and a doctor will go through your consent form. The doctor will discuss the details of your procedure and make sure you are aware of any risks. This will give you an opportunity to ask any further questions you might have. Please discuss any outstanding issues before signing your consent form.

How is the procedure done?

The procedure is usually done with a general anaesthetic and carried out in theatre.

If there is a medical reason why you can't have a general anaesthetic, you may be able to have the procedure in the Endoscopy Department with the use of sedation instead. The doctor will discuss this with you before a decision is made.

The endoscope is inserted into your GI tract either through your mouth (if the polyp is in the top part of the GI tract), or through your anus (if the polyp is in the large bowel). The doctor (gastroenterologist) will locate the polyp and mark the edges with a special tool inserted through the endoscope. Forceps will then be used to pull the polyp up into the tube of the endoscope until the edges are seen in the tube. A special clip on the endoscope will be used to cut the tissue away from the body. The clip stays in place and acts as a stitch (suture). The tissue is then carefully removed from your body through the endoscope.

This procedure can take between 3 to 4 hours, depending on where the polyp is located and how difficult it is to remove.

What should I expect after an EFTR?

You may have inflammation in the GI tract where the EFTR has been performed, which can cause discomfort in your back passage or tummy (abdomen). This may be more severe if the polyp was very low down in your rectum, causing your anal canal (the 'tail end' itself) to become inflamed.

You should be able to get up and about soon after the procedure.

A raised temperature is common after the procedure. Your consultant may prescribe 5 days of antibiotics to prevent the risk of getting an infection. Please complete the course as directed.

Are there any risks?

- If you smoke, we strongly advise you to stop because this can increase the risk of complications after the procedure.
- **Pain** - pain should be minimal but you may have discomfort for up to a week after the procedure. Please let the medical team know if you have any severe pain.
- **Thrombosis** - lengthy procedures carry a small risk of developing blood clots in the leg. To reduce this risk, if you stay overnight a small dose of blood thinning medication will be given by injection. You will also be given some support stockings to wear. You can help by moving around as much as you can and exercising your legs whilst in the bed or chair.
- **Pulmonary embolism** - rarely, a blood clot from the leg can break off and become lodged in the lungs. This would need treatment with blood thinning medication.
- **Risk to life** - your doctor and anaesthetist will discuss this risk with you. Most people will not experience any serious complications. However, risks do increase with age, for those who have heart, chest, or other medical conditions such as diabetes, and for those who are overweight or smoke.
- **Bleeding** - some bleeding and discharge from the resection site can happen up to 2 weeks after the procedure. This usually stops by itself. Occasionally, a larger bleed can occur in the first week or so after the procedure. Although this can be alarming, it usually stops by itself. Around 3% of patients develop a larger bleed which will need to be treated by a further endoscopy, an operation or a blood transfusion.
- **Pelvic inflammation** – the raw area in the rectum where the polyp has been removed can lead to inflammation around the back passage. This is usually treated by a course of antibiotics and monitoring, but rarely causes serious problems.
- **Incontinence** – you may experience slight staining of underwear and a discharge of mucus for a little while after. This is common and is due to the gentle stretching of the anus (tail end) during the procedure. This almost always returns back to normal without any need for treatment.

- **Reverting to major surgery** – sometimes it is not possible to complete the procedure using EFTR and occasionally this means having to revert to major surgery to remove the polyp. Where possible this will be discussed with you before your procedure.
- **Narrowing of the rectum** – where a polyp is removed, a small amount of scarring occurs in the lining of the rectum. This does not normally cause any problems. If the polyp is very large and involves a large area of the lining of the rectum this may cause narrowing of the rectum. This can usually be successfully treated with 1 or 2 minor procedures to stretch the rectum under general anaesthetic, at a later date.

Other complications:

- **Chest infection** - chest infections are caused by bacteria or a virus. When you have a general anaesthetic it can affect the normal way that phlegm is moved out of the lungs. If you have discomfort after the procedure, taking deep breaths or coughing may be difficult. A combination of this can cause phlegm to build up in the lungs and an infection can develop. You can help reduce the risk by practising deep breathing exercises before and after your procedure.
- **Stoma bag** - this may be needed in a small number of cases. A stoma is an opening on the front of your abdomen (tummy) which is made by a surgeon with an operation. It allows poo or pee to be collected in a pouch (bag) on the outside of your body. This bag can be removed a few months afterwards by a much smaller procedure.

Advice to follow after discharge

If you are discharged on the same day you will need to arrange for a lift home and somebody will need to stay with you overnight. Whether you need an overnight stay or not, may not be decided until after your procedure has been completed, so please bring an overnight bag in case this is needed.

If you feel unwell after you have been discharged, please return to the hospital's Emergency Department to be reviewed.

You will not be able to drive or work for a minimum of 48 hours after your procedure. However, we advise that you do not drive until you can comfortably carry out an emergency stop. We also advise that you do not lift any heavy objects for 2 weeks as this uses muscles in your tummy which can cause stress to the area.

Are there any alternative procedures to EFTR?

EFTR has the benefit of avoiding the risks from major surgery.

The alternative procedure would be a major operation with the option of either laparoscopic or traditional open surgery to remove the part of the bowel containing the polyp. The bowel is then re-joined afterwards, if possible. Major surgery has a greater impact on the body, and more potential risks and complications. Known risks can include join leak of the bowel, bleeding, infection, wound hernias, scar tissue around the surgical site, nerve damage, stomal hernias (around a bowel bag), risks of anaesthesia, risk to life, increased need of the toilet sometimes. A hospital stay of around 4 to 8 days is likely with major surgery.

Contact details

For further advice and support visit the NHS website www.nhs.uk or call the NHS helpline on 111 for non-emergency medical advice.

If you have any questions please call the Endoscopy Department at Leicester Royal Infirmary on 0116 258 6997 or 0116 258 6995 (Monday to Sunday, 8am to 6pm).

For out of hours queries, contact Ward 42 at Leicester Royal Infirmary on 0116 258 6284.

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