COAST Gastroenterology

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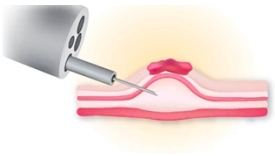
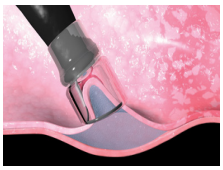
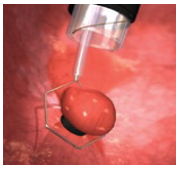
Oesophageal Endoscopic Mucosal Resection

Patient Information and Consent







You have been diagnosed with high-grade dysplasia or early cancer in your oesophagus (gullet) or stomach. Changes in the cells of the gut lining (called dysplasia) can lead in some cases to the development of cancer. High-grade dysplasia is considered the most advanced type of dysplasia and has a high chance of progressing to early cancer (~5%/year). Traditionally surgery to remove parts of the oesophagus or stomach has been offered to patients diagnosed with high-grade dysplasia and early cancer because there was no alternative treatment to cure this. Surgery is a major undertaking while endoscopic mucosal resection is a newer less invasive alternative to remove the abnormal tissue via an endoscope without the need for a major operation.

Endoscopic mucosal resection (EMR) involves removing a small area of the lining of the oesophagus or stomach during an endoscopic procedure. For this procedure, a small cap is placed on the tip of the endoscope. The area to be removed is sucked into the cap and a rubber band placed around it to form a pseudo-polyp. The tissue is then carefully removed using a wire loop through which an electrical current is passed. The piece of the lining removed is sent for microscopic examination. The procedure is carried out under sedation and takes about one hour.

Risks of the procedure

The risks are always weighed against the benefit of having the procedure carried out.

Standard diagnostic gastroscopy complications are very rare. Occasionally you may have some abdominal discomfort from air trapping which normally passes quite quickly. Less than 1 in 1000 people will accidentally get a hole (**perforation**) to the bowel. If this was to occur, this may be repaired with small clips during the procedure or may require an operation to repair the hole. Less than 1 in 1000 people will have significant **bleeding** following a biopsy and less than 1 in 100 following removal of a polyp, which can usually be stopped at the time of the procedure. Occasionally this may require repeat gastroscopy to treat the bleed, a blood transfusion, and/or rarely, a special x-ray procedure or an operation. Uncommonly, a small polyp or cancer may be missed. Other rare complications include reactions to the anaesthetic/sedation, or damage to your teeth or jaw due to the presence of instruments in your mouth (a mouth guard is inserted to protect your teeth).

However, risks associated with the endoscopic treatment of your condition are higher, namely:

- **Bleeding** from the area where tissue has been removed occurs in approximately 1 in 50 (2%) of patients.
- **Perforation** (or tear) in the wall of the oesophagus occurs in approximately 1 in 100 (1%) of patients.
- Longer term after endoscopic mucosal resection, scarring of the wall of the oesophagus may lead to narrowing (**stricture**) or the oesophagus. This may cause swallowing difficulties. This can usually be treated successfully by endoscopic dilatation (stretching) of the scarred areas.

What are you responsible for?

You are less at risk of problems if you do the following:

- Follow the preparation instructions carefully.
- Bring a list of all prescribed, over the counter and herbal medication you take.
- Bring any relevant x-rays.
- Do not drink any alcohol and/or take recreational drugs 24 hours before the procedure.
- Please ensure you make arrangements for someone to drive you home after the procedure. It is not safe to drive until the following day after having sedation or an anaesthetic.

What happens after the gastroscopy?

Diet:

- Clear liquid diet for the first 24 hours (Apple juice, powerade, Gatorade, frozen fruit)
- Free fluid diet the next day (Can add in dairy, such as yoghurt and ice cream)
- Soft diet, “mince & mash / puree”, (avoid food with sharp or rough edges, ie. steak, bread, crisps), for 5 days before returning to a regular diet.

Medications:

- You will need to take a high dose of your anti-reflux medication, Nexium, Somac, etc for 8 weeks.

I will inform you of the results prior to you leaving the recovery area.

Any polyps removed or tissue samples taken will be sent to a pathologist. The results of these tests may take several days. Follow-up of these results will be made with you.

Again, please ensure you make arrangements for someone to drive you home after the procedure.

Do NOT drive any type of vehicle or operate machinery until the next day.

Do NOT drink alcohol and/or take other recreational drugs. They may react with the sedation drugs.

Do NOT make important decisions or sign a legal document for the first 24 hours.

Have an adult with you on the first night after your gastroscopy.

Notify Dr Walker’s rooms on 5574 6133 during working hours or the hospital Emergency Department straight away if you have:

- severe ongoing abdominal pain.
- black tarry motions or bleeding from the back passage.
- a fever.
- sharp chest or throat pain.

CONSENT FOR GASTROSCOPY + OESOPHAGEAL ENDOSCOPIC MUCOSAL RESECTION

I have read and understand the above information on OESOPHAGEAL ENDOSCOPIC MUCOSAL RESECTION. I have read and understand the "Patient Preparation Instructions" leaflet supplied to me. I hereby agree to undergo a gastroscopy & oesophageal endoscopic mucosal resection by Dr Walker. I agree to any biopsies, removal of polyps, oesophageal dilatation or any other upper endoscopy procedures deemed to be appropriate at the time of the procedure.

To assist in my management, I additionally permit Dr Walker to access or obtain any relevant medical information from other health professionals or services.

PATIENTS SIGNATURE_____ WITNESS SIGNATURE_____

NAME_____ NAME_____

DATE_____ DATE_____

Dr Griff Walker

PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU ON THE DAY OF YOUR PROCEDURE

If you have any concerns or questions about the preparation, procedure or consent, please contact Dr Walker's office on 5574 6133.