Endoscopic full thickness resection (eFTR)

This factsheet aims to help you understand what's involved in an endoscopic full thickness resection. It should be read with the Colonoscopy or Flexible sigmoidoscopy factsheet. If you have any further questions, a member of the endoscopy team will be happy to discuss these with you.

What is eFTR?

eFTR is a new technique where an abnormal area in the lining of the large bowel is removed along with its deeper layers. This is done during a colonoscopy or flexible sigmoidoscopy. It avoids an operation and will not leave scars on your abdomen (tummy).

What is eFTR used for?

eFTR can be used to remove the following growths from the large bowel:

- scarred polyps that are stuck down to deeper layers of the bowel wall
- very early large bowel cancers that have not spread beyond the lining of the bowel
- polyps growing from the inside of the appendix or a diverticulum (outpouching of the bowel wall)
- small tumours arising from the deeper layers of bowel wall.

Pre-assessment

A nurse will telephone you before your appointment and ask you about your medical history, allergies and any medications you are taking, especially medications for diabetes, iron tablets, or blood thinning medications. Please let the nurse know if you have a pacemaker ("PPM") or defibrillator ("ICD") for your heart.

What happens during the procedure?

The procedure will be done by a specially trained expert. You will be deeply sedated by the anaesthetist for the majority of procedures, unless it has been decided before in clinic that you are suitable for lighter or no sedation. You may be given antibiotics into the vein during the procedure if required.

Whilst sedated, an endoscope (camera) is inserted into your back passage to inspect the area to be removed. Assuming all is OK and the growth suitable for removal, the first endoscope is withdrawn and a second endoscope mounted with the full thickness resection device inserted to remove the growth. A final check of the area where the growth is removed is done and the procedure is completed. The growth that has been removed is inspected and sent to the laboratory to be examined under the microscope.

The procedure takes longer compared to other polyp removal procedures and can take up to two hours to complete.

Can I go home after the procedure?

It is advised you bring an overnight bag in case you need to spend the night or a few days in hospital for observations, but you may be allowed home the same day in some circumstances. We will try and let you know in advance of the procedure. If allowed home the same day you will need a responsible adult to help you get home, and to stay with you for the rest of the day and overnight.

You must not drive or go home by public transport.

We will let you know the laboratory findings in writing or during a clinic appointment, usually 3-4 weeks after your procedure.

What are the potential problems?

The most commonly encountered problem is an unsuccessful procedure or difficulty in removing the growth completely. These have happened in about 1 in 10 (10%) cases in the UK. The doctor will outline the alternatives or make an appointment in clinic to discuss further if this is the case.

Whilst not experimental, eFTR is a new technique and therefore all the risks associated with it are not fully known. The outcomes of eFTR are recorded carefully in the UK and worldwide so we continue to monitor how effective and safe it is.

More serious problems have been reported in 3 in 100 (3%) of patients worldwide.
These include:

- a hole in the bowel wall needing additional steps to close during the procedure
- severe bleeding that requires a blood transfusion
- an infection that develops afterwards

In rare cases, an operation may be needed to address serious complications.

There is also a possibility of organs close to the large bowel being injured by the device – this is now largely avoided by enhancements to the device and improved techniques.

Lastly, the treated area of bowel could narrow from scarring, but this is usually only a problem if your bowel is already scarred before the procedure.

Some patients may experience sedative side effects. This will be explained to you when you meet the anaesthetist before the procedure.

Are there alternatives?

The alternative options to this procedure are:

- no treatment
- or to consider surgery

The risk of doing nothing or having surgery depends on the type of growth you have, your general health and the type of operation needed. If you have any concerns that this procedure is right for you, please discuss with you consultant.

What to look out for in the two weeks after the procedure

Contact the endoscopy unit on 023 8120 4392 (Monday to Friday, 8am to 6pm) if you:

- develop severe abdominal pain
- vomit
- are passing a large amount of blood or blood clots from your back passage

If you notice these symptoms after 6pm or at the weekend, go to your nearest emergency department. Bring a copy of your procedure report with you.

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If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.