

Patient information factsheet

Endoscopic full thickness resection (eFTR)

We have given you this factsheet because your doctor has recommended that you have a procedure called an endoscopic full thickness resection (eFTR). It explains what an eFTR is and what the procedure involves so you know what to expect. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

This factsheet should be read along with either our 'Colonoscopy' or 'Flexible sigmoidoscopy' factsheet which we will send to you with your appointment letter.

What is an eFTR?

An 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 (a test to check inside your bowels) or flexible sigmoidoscopy (a procedure to look at your large bowel). It avoids an operation and will not leave scars on your abdomen (tummy).

Why do I need an eFTR?

An 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

Your doctor will have explained why you have been referred for this procedure.

Are there any alternatives?

If an eFTR is not a suitable treatment option for you or if you choose not to have the procedure, alternative options may include:

- no treatment
- surgery

The risk of doing nothing or having surgery depends on:

- the type of growth you have
- your general health
- the type of operation needed

Your doctor will discuss these options with you in more detail, along with any other suitable alternatives, before the procedure.

How should I prepare for the procedure?

We will arrange a pre-assessment appointment for you before your procedure. At this appointment, a nurse will give you more information about how to prepare for your procedure and answer any questions you may have.

The nurse will ask you questions about:

- your medical history
- allergies
- 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.

We will send you instructions on how to prepare for your procedure with your appointment letter. We will also send you any medications that you will need to take before your procedure (for example, laxatives). If you have any questions about preparing for your procedure, please contact us using the details at the end of this factsheet.

General anaesthesia and sedation

An eFTR is usually performed under general anaesthesia (a state of controlled unconsciousness). During a general anaesthetic, an anaesthetist (specialist doctor) will give you medicines to send you to sleep, so that you do not move or feel any pain during the procedure. The general anaesthetic will either be given as a:

- liquid that's injected into your veins via a cannula (a thin, plastic tube placed into a vein in your hand or arm)
- gas that you breathe in through a mask

An eFTR can also be performed using sedation (medicine that makes you feel relaxed and drowsy). If you are having sedation, a nurse will give you a sedative injection via a cannula.

We will discuss the benefits and risks of each option with you at your pre-assessment appointment.

What will happen before the procedure?

The doctor will explain what they are going to do during your procedure, and you will be given the opportunity to ask any questions you may have. You will also meet with the anaesthetist who will explain the process of having a general anaesthetic or sedation. If you are happy to go ahead with the procedure, we will ask you to sign a consent form.

What will happen during the procedure?

You will have the procedure in the endoscopy unit. It will be performed by a specially trained doctor.

Once the general anaesthetic or sedation has taken effect, we will insert an endoscope (a thin, flexible tube with a tiny video camera built into its tip) into your back passage to inspect the area to be removed. Assuming all is OK and the growth is suitable for removal, we will withdraw the first endoscope and insert a second endoscope with a full thickness resection device attached to it to remove the growth. Before completing the procedure, we will do a final check of the area where the growth has been removed. The growth will then be inspected and sent to the laboratory to be examined under a microscope.

Please note that during the procedure, we may give you antibiotics via your vein if needed.

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How long will it take?

The procedure will take approximately one to two hours.

What will happen after the procedure?

After the procedure, you may need to spend the night or a few days in hospital for observations. Please bring an overnight bag with you in case you need to stay in hospital.

If you're well enough to go home the same day as your procedure, you will need a responsible adult to take you home and stay with you overnight. If you do not have anyone available, please call us on **023 8120 6066** as soon as possible as we may be able to arrange a bed for you to stay in hospital overnight. Please be aware that if this is not possible, we may need to cancel and reschedule your procedure.

For 24 hours after sedation or a general anaesthetic you must not:

- drive
- operate machinery
- drink alcohol
- sign important documents

Are there any risks or complications?

An eFTR is generally a safe procedure, but as with any medical procedure there are possible risks and complications.

Common complications

Common complications of an eFTR (affecting 1 in 10 cases in the UK) include:

- the procedure being unsuccessful
- difficulty in removing the growth completely

If either of these complications occur, the doctor will discuss the alternative treatment options with you.

While not experimental, eFTR is a new technique. This means that all the risks associated with it are not fully known. The outcomes of eFTR are recorded carefully in both the UK and worldwide so we can monitor how effective and safe the procedure is.

Serious complications

More serious complications of an eFTR (affecting 3 in 100 people worldwide) include:

- a hole in the bowel wall (perforation)
- severe bleeding
- an infection that develops after the procedure

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. However, 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.

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Some people may experience sedative side effects. This will be explained to you before the procedure by the anaesthetist.

When to seek medical attention

Complications can occur up to two weeks after you leave hospital.

Contact the endoscopy unit immediately on **023 8120 6066** (every day, 8am to 6pm) if you:

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

Outside of these hours, go to your nearest emergency department. Bring a copy of your procedure report with you.

When will I get the results?

We will let you know the laboratory findings in writing or during a clinic appointment, usually three to four weeks after your procedure.

Follow-up care

A specialist nurse will telephone you 72 hours after your procedure to see how you are recovering.

Contact us

If you have any further questions or concerns, please contact us.

Endoscopy unit

Telephone: **023 8120 6066** (every day, 8am to 6pm)

Useful links

www.nhs.uk/conditions/endoscopy

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**