

Patient information factsheet

Endoscopic submucosal dissection (ESD)

This factsheet aims to help you understand what is involved in an ESD.

ESD is undertaken whilst you are having a gastroscopy, flexible sigmoidoscopy or colonoscopy procedure. It is important you read and follow the instructions contained within the information sheet relating to the procedure you are having.

If you have any further questions, a member of the endoscopy team will be happy to discuss these with you.

What is ESD?

ESD is a more advanced endoscopic (examining the inside of the body) technique for removal of large polyps (abnormal growths of tissue) from the lining of the intestinal wall. In particular, it is performed on polyps which are scarred, or where there is concern of a risk of developing cancer or already harboring some early cancer cells.

One of the main advantages of this procedure over other types of polyp removal procedures is that it removes the polyp in a single piece which can provide reassurance of clearance of all the abnormal cells.

What does ESD involve?

The ESD procedure will be done by a specially trained expert. It is important for you to be still during the procedure and remain comfortable, so your consultant will discuss with you whether a light sedative or a general anaesthetic is required. The procedure itself involves injection of fluid underneath the polyp to lift it away from the underlying muscle. After this special equipment is used to remove the polyp all in one piece. The polyp is then retrieved and sent to the lab for analysis.

You may experience some bloating or discomfort during or after the procedure which we will manage with a strong painkiller and sedatives. We will monitor you carefully during the procedure.

The procedure takes longer than other polyp removal procedures, and can take between one and four hours to complete. In most cases you should be able to go home on the same day, but on occasions a short stay in hospital is required.

What are the alternatives?

The alternative options to this procedure are:

- surgical removal of the polyp
- not treating the polyp

If you have any concerns about ESD, please discuss them with your consultant.

What are the potential problems?

Sometimes it is not possible to remove the polyp in one piece.

In some cases it's not possible to remove the polyp successfully, but this is more uncommon. We will discuss alternatives with you after the procedure.

More serious problems can include a tear or hole in the bowel wall (perforation) or bleeding. These problems can occur in up to 1 in 20 cases but can often be treated at the time of the procedure. In rare instances when this does not succeed, an operation may be necessary.

Please note that these problems can occur up to two weeks after the procedure (see advice below).

If you are having a general anaesthetic, there are some additional risks to be aware of. We will provide an additional information sheet to explain what is involved.

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:

- have 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.

Endoscopy department
Southampton General Hospital
Tremona Road
Southampton,
SO16 6YD

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.