



DR ASHWIN PATWARDHAN  
GASTROENTEROLOGIST

314 Warrigal Road,  
Glen Iris VIC 3146  
T: 9808 2311  
F: 8610 0087  
[admin@glenirisgastro.com.au](mailto:admin@glenirisgastro.com.au)

### What is endoscopic mucosal resection (EMR)?

Endoscopic mucosal resection (EMR) is an advanced endoscopic technique used to remove large polyps (growth in the inner layer of the bowel). This involves injection of a special fluid to lift the polyp away from the underlying muscle, followed by removal with a snare.

### Why am I having this procedure?

- Removal of large colorectal polyps that are deemed suitable for endoscopic resection.

### How do I prepare for an EMR?

- Preparation for colonic EMR is the same as that for colonoscopy. Please refer to the colonoscopy instructions on bowel preparation.

### Special Considerations

- People with diabetes, heart valve disease, cardiac pacemakers, on weight loss drugs (e.g. Ozempic, Wegovy, Mounjaro, Trulicity, Saxenda), or on blood thinning medication e.g. Apixaban, Rivaroxaban, Dabigatran, Warfarin, Clopidogrel, Ticagrelor, Prasugrel (except Aspirin), may require special arrangements, which should be discussed with your Gastroenterologist.

### What happens on the day of the procedure?

- Arrive at the Endoscopy Unit at the time you are advised. Do not bring any valuables.
- You will be admitted by a nurse. After which, your Gastroenterologist and the Anaesthetist will speak with you.
- Deep sedation is administered by an Anaesthetist prior to the procedure so that you remain comfortable.
- The procedure time generally takes around 45-90 minutes, depending on the size and number of polyps.

This document provides general information only and does not replace personalised advice from your treating team. It is not a diagnosis, treatment plan, or informed consent discussion, and reading it does not create a doctor-patient relationship. Preparation and medication instructions (including blood thinners/diabetes medicines and pregnancy considerations) may differ between patients—follow the directions provided to you by your clinician and facility. While care is taken to keep information accurate, it may be incomplete or change over time; reliance is at your own risk. To the extent permitted by law, liability is limited for any loss or harm arising from use of or reliance on this document. If you develop severe symptoms or are concerned after a procedure, seek urgent medical care.

© 2026 Ashwin Patwardhan (ABN 72 183 173 796)

### What happens after the procedure?

- After the procedure, you will be taken to the recovery area until the sedation wears off.
- Your Gastroenterologist will briefly inform you of the findings of your procedure and necessary, a follow-up appointment will be organised to discuss the results in detail. Surveillance colonoscopy will be recommended at a suitable interval by your Gastroenterologist (usually 3 to 6 months).
- Due to the sedation, within the first 24 hours of the procedure, you must AVOID driving, travel alone on public transport or taxi/uber, operate machinery, sign legal documents or consume alcohol. An adult must accompany you home after the procedure and stay with you overnight.
- After 24 hours, you can return to work and resume normal activities.

### Potential risks

EMR is an advanced endoscopic procedure for removal of large polyps and therefore carries higher risk than diagnostic endoscopy.

- Risk of perforation is approximately 1%. If identified early, this may be managed with endoscopic clip closure, otherwise surgery may be required.
- Post-polypectomy syndrome (significant pain) can occur in 1%.
- Significant bleeding, including delayed bleeding (up to 2 weeks later) can occur in over 5% and may require blood transfusion, repeat endoscopy, radiological treatment or surgery.
- Like all medical procedures, there is a remote chance that a significant complication can result in death, however this is extremely rare.