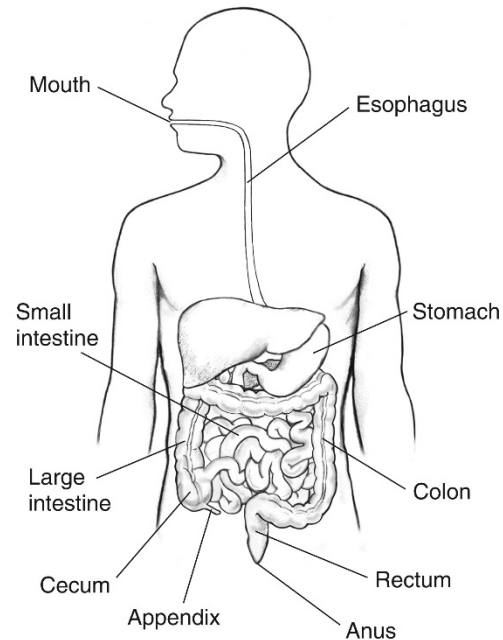


Endoscopic Mucosal Resection (EMR) Prep Instructions

What is the purpose of an endoscopic mucosal resection (EMR)?

EMR is a type of **endoscopy**, or procedure that uses a long, thin tube called an endoscope to look at areas inside your body. An EMR is done to remove abnormal, precancerous, and early cancerous growths (tissue that may develop into cancer or has just started to develop cancer) from the **gastrointestinal (GI) tract**. The GI tract includes the esophagus, stomach, small intestine, large intestine, and rectum.



Planning for the procedure

- **You must have a driver** who is 18 years or older with you at check in and discharge. If you do not have a driver with you at check in, we will need to reschedule your appointment.
 - This person must stay in the unit during your entire visit so that they are available as soon as you are ready to be discharged (cleared to leave the clinic or hospital). You will not be discharged unless this person is in the unit. Because your judgment may be impaired after this procedure, you will not be released to take public transportation, a taxicab, or even to walk home without another responsible adult to go with you.
- The entire procedure appointment may take at least 3-4 hours to complete. Please tell your driver that they must stay in the unit during your entire visit.

- **Please leave all jewelry and personal items at home.** If you bring jewelry to your appointment, we may have to ask you to take it off.
- **Please do not wear contact lenses.**
- If you have diabetes, ask your health care provider for diet and medicine instructions.
- If you must cancel or reschedule your appointment, please call the Medical Procedures Unit (MPU) Call Center as soon as possible at (734) 936-9250 or toll-free at (877) 758-2626.

What are my instructions for taking medication and preparing for my procedure?

The timeline table below will help you figure out the days of the week for your prep. First, figure out what day of the week your appointment is. Then highlight or circle the correct row to see your other prep days.

- If you reschedule your appointment, you must redo the timeline table to match your new date.

My appointment is: _____
(Date, day, and time)

Timeline table:

My appointment is on:	7 days before is:	4 days before is:	3 days before is:
Monday	Monday	Thursday	Friday
Tuesday	Tuesday	Friday	Saturday
Wednesday	Wednesday	Saturday	Sunday
Thursday	Thursday	Sunday	Monday
Friday	Friday	Monday	Tuesday
Saturday	Saturday	Tuesday	Wednesday

Follow the instructions below carefully to ensure a successful procedure.

7 days before your EMR	Day: _____ (Fill in the day according to the timeline table)
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- If you take aspirin or NSAIDs, such as Advil®, Motrin®, Celebrex®, or ibuprofen, you may continue to take them as usual.
- If you take a blood thinner, such as Plavix®, Pradaxa®, Clopidogrel®, Coumadin®, warfarin, Effient®, Prasugrel®, or Lovenox®, ask your health care provider for specific instructions.
- Stop taking phentermine (Adipex-P®, Lomaira™, Fastin®, Phentercot®) and phentermine and topiramate (Qsymia®). These are weight loss medications.
- If you take semaglutide (Ozempic®, Wegovy®), dulaglutide (Trulicity®) or tirzepatide (Mounjaro®) once a week, stop taking it a week before your procedure.

4 days (96 hours) before your EMR	Day: _____ (Fill in the day according to the timeline table)
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- **96 hours before your EMR**, stop taking the following diabetic/weight loss medications: ertugliflozin (Steglatro®), ertugliflozin and metformin (Segluromet™), and ertugliflozin and sitagliptin (Steglujan®).
 - If you do not stop taking these medications exactly 96 hours before your EMR, your procedure may need to be cancelled and rescheduled.

3 days (72 hours) before your EMR	Day: _____ (Fill in the day according to the timeline table)
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- **72 hours before your EMR**, stop taking the following diabetic/weight loss medications: bexagliflozin (Brenzavvy®), empagliflozin (Jardiance®),

dapagliflozin (Farxiga®), canagliflozin (Invokana®), dapagliflozin and saxagliptin (Qtern®), dapagliflozin and metformin (Xigduo® XR), canagliflozin and metformin (Invokamet®, Invokamet® XR), empagliflozin and metformin (Synjardy®, Synjardy® XR), and empagliflozin and linagliptin (Glyzambi®).

- If you do not stop taking these medications exactly 72 hours before your EMR, your procedure may need to be cancelled and rescheduled.

The day of your EMR	Day: _____ (Fill in the day according to the timeline table)
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- If you take semaglutide (Rybelsus®) or liraglutide (Saxenda®) every day, do not take it on the day of your procedure.



8 hours before your procedure, stop eating all solid foods. You may drink clear liquids. Look at the table below to check which liquids and drinks are allowed on a clear liquid diet.

You may drink these liquids:	Do not drink these liquids:
<ul style="list-style-type: none"> • Water • Gatorade®, Pedialyte®, or Powerade® • Coffee or tea (without milk, cream, or non-dairy creamer) • Carbonated or non-carbonated soda • Fruit-flavored drinks • Apple juice, white cranberry juice, or white grape juice • Jell-O (gelatin) or popsicles 	<ul style="list-style-type: none"> • Chicken, beef, or vegetable broth • Any red or purple liquids • Alcohol • Milk, cream, or non-dairy creamer • Juice with pulp • Any liquid you cannot see through

- You may take all your morning medications (except for oral diabetes medicine) as usual with 4 oz of water **up to 4 hours before your procedure.**
- **2 hours before your procedure,** stop chewing gum, stop smoking, and stop drinking all liquids.
- Bring a list of all your current medications with you, including over-the-counter medications.

When should I call the call center?

If you have been ill and have had any of the following symptoms within 48 hours of your appointment, please call the MPU Call Center at (734) 936-9250:

- Fever greater than 100.6° F
- Productive cough (your cough brings up a thick fluid)
- Diarrhea or vomiting (that is not related to taking the bowel prep if a colonoscopy is planned or a bowel prep was provided)

→ Turn the page to learn about the benefits, risks, and alternatives for an EMR.



What are the Benefits, Risks, and Alternatives for an Endoscopic Mucosal Resection (EMR)?

Before starting the procedure, a member of our team will ask you to sign a consent form. By signing this form, you are agreeing that we have given you information and you understand the procedure, its benefits and risks, and the alternatives (other options) for an EMR. Read this handout or view the video at: bit.ly/MM-EMRVideo to understand your informed consent.

What are the benefits of an EMR?

This procedure allows the doctor to remove abnormal tissue without surgery or incisions (cuts) through the skin. In most cases, you will stay in the hospital for your EMR. People usually recover quickly and go back to their normal diet either the same day or within a few days. For many people, this procedure helps them avoid surgery.

What are the risks of an EMR?

EMR is considered a safe procedure. The risks of complications from an EMR are low, but may include:

- Reaction to the sedation medication (the medication used to relax you during the procedure), including breathing or heart problems
- Bleeding (which occurs in less than 1 in 100 people)
- Perforation, meaning a tear or hole in the digestive tract (which occurs in less than 1 in 100 people)
- Infection (which occurs in less than 1 in 100 people)
- Aspiration, where the contents of the stomach get into the lungs, which may lead to a lung infection called pneumonia (this occurs in less than 1 in 100 people)

- If you have an EMR in your esophagus, there is a risk that your esophagus may narrow during healing (this occurs in 3-8 out of a 100 people). This could make it difficult for you to swallow. If this happens, you may need another procedure called an esophageal dilation to fix the narrowing.
- Blood transfusion or surgery may be needed to treat the conditions above (this is rare)

Is there anything that increases my risk?

- Risks are higher if you are taking steroids or blood thinners, or if you have certain serious diseases such as heart failure or severe lung disease.

What are the alternatives to an EMR?

In most cases, the only alternative to an EMR is surgery, which involves more risk.

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