About Your Endoscopic Submucosal Dissection (ESD) with an Upper Endoscopy

This information will help you get ready for your endoscopic submucosal dissection (ESD) procedure at Memorial Sloan Kettering (MSK). Read through this resource at least once before your procedure and use it as a reference in the days leading up to your procedure.

An ESD is a procedure to remove tumors in your digestive tract. Your digestive tract is made up of your esophagus (food pipe), stomach, small intestine, large intestine (colon), and rectum.

Your ESD will be done while you have an endoscopy. This means that your doctor will use a flexible tube called an endoscope to see inside your esophagus, stomach, and small intestine and remove the tumors you have (see Figure 1).

Figure 1. Digestive system.
Your healthcare provider will talk with you about what to expect and how to get ready for your ESD. Follow these instructions carefully.

## 2 Weeks Before Your Procedure

### Ask about your medications

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below.

**Do not stop taking any of your medications without talking with your doctor first.**

### Anticoagulants

If you take a blood thinner (medication that affects the way your blood clots), ask the doctor who prescribes it for you when you should stop taking it, and how many days until you need to start taking it again. Be sure to share this information with the doctor that will perform your ESD.

<table>
<thead>
<tr>
<th>Examples of Blood Thinners</th>
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<tbody>
<tr>
<td>apixaban (Eliquis®)</td>
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<tr>
<td>dalteparin (Fragmin®)</td>
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<tr>
<td>meloxicam (Mobic®)</td>
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<tr>
<td>ticagrelor (Brilinta®)</td>
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<tr>
<td>aspirin</td>
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<tr>
<td>dipyridamole (Persantine®)</td>
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<tr>
<td>nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®)</td>
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<tr>
<td>celecoxib (Celebrex®)</td>
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<tr>
<td>edoxaban (Savysa®)</td>
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<tr>
<td>pentoxifylline (Trental®)</td>
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<td>warfarin (Coumadin®)</td>
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<tr>
<td>cilostazol (Pletal®)</td>
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<td>enoxaparin (Lovenox®)</td>
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<td>prasugrel (Effient®)</td>
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<td>clopidogrel (Plavix®)</td>
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<td>Fondaparinux (Arixtra®)</td>
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<tr>
<td>rivaroxaban (Xarelto®)</td>
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<tr>
<td>dabigatran (Pradaxa®)</td>
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<tr>
<td>heparin (shot under your skin)</td>
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<tr>
<td>sulfasalazine (Azulfidine®, Sulfazine®)</td>
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There are others, so check with your doctor if you’re not sure.

### Medications for diabetes

If you take insulin or other medications for diabetes, you may need to change
the dose. Ask the doctor who prescribes your diabetes medication what you should do the day before and the morning of your procedure.

If you take metformin (such as Glucophage® or Glumetza®) or a medication that contains metformin (such as Janumet®), don’t take it the day before or the day of your procedure.

**Get a letter from your doctor, if needed**

- If you have an automatic implantable cardioverter-defibrillator (AICD), you’ll need to get a clearance letter (a letter that says you can have the procedure) from your cardiologist (heart doctor) before your procedure.
- If you’ve had chest pain, dizziness, trouble breathing that’s new or worse, or have fainted in the last 6 weeks, you’ll need to get a clearance letter from your cardiologist, if you have one, or your primary care doctor before your procedure.

Your MSK doctor’s office must have your clearance letter at least 5 days before your procedure.

**1 Week Before Your Procedure**

**Stop taking certain medications**

**Aspirin**

If you take aspirin, ask the doctor that prescribes it to you if you can stop taking it 1 week before your procedure. Aspirin and medications that contain aspirin can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* ([www.mskcc.org/pe/common_meds](http://www.mskcc.org/pe/common_meds)).

If your doctor doesn’t want you to stop taking aspirin, tell the doctor doing your ESD procedure at least 10 days before the procedure.

**Arrange for someone to take you home**

You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below.
They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

**Agencies in New York**
Partners in Care: 888-735-8913
Caring People: 877-227-4649

**Agencies in New Jersey**
Caring People: 877-227-4649

### 3 Days Before Your Procedure

An endoscopy nurse will call you between 8:00 AM and 6:00 PM 3 days before your procedure. They will review the instructions in this guide with you and ask you questions about your medical history. The nurse will also review your medications and tell you which medications to take the morning of your procedure.

### 2 Days Before Your Procedure

**Iron supplements**

If you take an iron supplement, you’ll need to stop taking it 2 days before your procedure. Iron supplements can cause dark stains in your digestive (GI) path, which can make it harder for your doctor to see it clearly.

### The Day Before Your Procedure

**Note the time of your procedure**

A staff member from the hospital will call you after 12:00 PM the day before your procedure. The staff member will tell you what time you should arrive at the hospital. If you’re scheduled for your procedure on a Monday, you will be called on the Friday before. If you don’t get a call, call your doctor’s office.

If you need to cancel your procedure, call the doctor who scheduled it for you.
Instructions for eating and drinking before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Procedure

Things to remember:

- Take only the medications you were told to take the morning of your procedure. Take them with a few sips of water.
- Don’t put any lotions, creams, or powder on your chest or arms.
- Remove any jewelry, including body piercings.
- Leave all valuables, such as credit cards and jewelry, at home. There won’t be lockers available to store your valuables in.
- If you wear contacts, wear your eyeglasses instead.

What to bring:

- A list of the medications you take at home, including patches and creams.
- Your rescue inhaler (such as albuterol (Ventolin®) for asthma), if you have one.
- A case for your eyeglasses.
- Your Health Care Proxy form, if you have completed one.
- If you have an implanted pacemaker or cardioverter-defibrillator (AICD), bring your wallet card with you.
Where to go

Your procedure will take place at the following location:

Endoscopy Suite at Memorial Hospital (MSK’s main hospital)
1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065
Take the M elevator to the 2nd Floor. Enter the Endoscopy Suite through the glass doors.

What to expect

When it’s time for your procedure, you’ll be brought into the procedure room and helped onto a procedure table. You’ll be attached to equipment to monitor your heart, breathing, and blood pressure. You’ll also receive oxygen through a thin tube that rests below your nose. A mouth guard will be placed over your teeth to protect them.

Your nurse or anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. You’ll get anesthesia through your IV, which will make you fall asleep. Once you’re asleep, your doctor will pass the endoscope through your mouth, down your esophagus, into your stomach, and into your small intestine. Your doctor will use the endoscope to remove any tumors and then remove the endoscope. Figure 2 shows the tumor removal process.
Your procedure usually takes 1 to 3 hours, but sometimes may be longer.

**After Your Procedure**

When you wake up, you’ll be in the Post-Anesthesia Care Unit (PACU). Your nurse will continue to monitor your heart, breathing, and blood pressure. You’ll need to stay in the hospital overnight so your nurse can monitor you. You’ll move to an inpatient bed when one is available.

If you don’t have any issues overnight, you’ll be able to leave the hospital the next day.

**At home**

- For the first 7 days after your procedure:
  - Don’t drink alcohol.
  - Don’t do any strenuous exercise (such as jogging and tennis).
  - Don’t lift anything heavier than 10 pounds (4.5 kilograms).
  - Try to stay local, and don’t travel long distances, such as outside of the country.
Most people can go back to work 5 days after having this procedure, but everyone is different, so it may be shorter or longer for you. If you need to do a lot of heavy lifting at your job, talk with your doctor before going back to work.

**Follow-up care**

You’ll have a follow-up visit with your doctor 2 weeks after your procedure. During this visit, your doctor will talk with you about your results and go over a treatment plan.

**Call Your Doctor or Nurse If You Have:**

- A fever of 101 °F (38.3 °C) or higher
- Intense pain, hardness, or swelling in your abdomen (belly)
- Blood in your vomit (throw up)
- Intense throat pain that won’t go away
- Weakness, faintness, or both
- Dark stools (poop) or blood in your stool
- Any other questions or concerns

If you have chest pain or trouble breathing, call 911 or go to your nearest emergency room.

**Contact Information**

If you have any questions or concerns, call Dr. Makoto Nishimura’s office at 212-639-6029. You can reach a staff member Monday through Friday from 9:00 AM to 5:00 PM. After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the GI doctor on call.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.