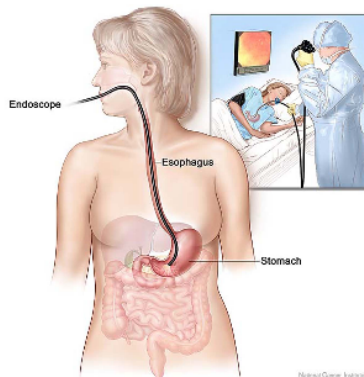


Endoscopic Ultrasound (EUS)

Gastroenterology Department Patient Information Leaflet



What is an Endoscopic Ultrasound (EUS)?

An Endoscopic Ultrasound (EUS) is a procedure that enables the doctor to examine the lining and layers of the upper gastrointestinal tract, which includes the oesophagus (gullet), stomach, duodenum (first part of the small intestine that is connected to the stomach) and the surrounding areas and organs such as the pancreas and gallbladder. It involves passing a small flexible camera with an ultrasound probe at the tip, down your oesophagus, into the stomach and duodenum.

Why is a EUS done?

EUS is usually performed for the following reasons:

- To identify and evaluate the size / nature of abnormal areas/lesions
- To identify gallstones
- To examine glands
- To obtain a specimen of tissue or fluid (called EUS-FNA, fine needle aspiration)
- To provide further information about whether you need surgery

Before your appointment

For your EUS it is essential that you have nothing to eat for 6 hours before your

appointment. However, you can drink water up to two hours before your appointment time. After that you must have nothing to eat or drink until after the procedure. EUS is best carried out under sedation. **Therefore, you will need to arrange for someone to accompany you to the appointment and to take you home afterwards.**

You will also need someone to stay with you overnight after the procedure (this does not necessarily need to be the person who accompanies you to the appointment).

Please note that the time of your appointment does not mean the time the test starts.

Medicines and medical conditions

It is important you bring a list of your current medication with you so that you can give it to the nurse on arrival.

Warfarin or Clopidogrel

If you are taking Warfarin or Clopidogrel tablets, please inform the Gastroenterology Unit as soon as possible, as our doctors may decide

before the EUS especially when a tissue sample is required.

Diabetes

If you have Diabetes, please inform the Gastroenterology Unit (telephone 01253 306584) as soon as possible, as it may be necessary to change the time of your appointment. If you are an insulin controlled diabetic **DO NOT** take your insulin on the morning of your procedure. Bring your insulin along with something to eat to have post procedure. Please monitor your blood sugar levels and if you experience problems on the day of your test telephone the Gastroenterology Nurses on 01253 303043.

If you have any concerns regarding being nil by mouth please contact your local Diabetic Liaison Nurse for advice.

Pregnancy / Breast Feeding Mothers

If you are pregnant or breast-feeding please contact the Gastroenterology Unit.

Consent

When you come to the department, the procedure will be explained and a doctor will ask you to sign a consent form. This is to ensure you understand the test and its implications /risks. If you have any worries or questions at this stage don't be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering your queries.

Sedation

This involves giving you an injection that should make you relaxed during the investigation. The sedation will be given to you via a cannula (a small plastic tube) placed in to a small vein in your hand or arm. The sedative should make you feel relaxed and may make you drowsy. A throat spray is also used to numb your throat.

During the test

The person accompanying you can wait in the department while you are having the test. They do not come in to the endoscopy room while you are having the EUS.

You will not need to undress for the EUS. In the Endoscopy Room you will be made comfortable on a couch, lying flat on your left side. A nurse will stay with you throughout the procedure.

A plastic mouthpiece will be placed gently between your teeth and gums, in order to keep your mouth open. When the Endoscopist passes the endoscope through the mouthpiece and into your stomach, it will not cause any pain, nor will it interfere with your breathing at any time. During the procedure some air will be passed down the endoscope to distend the stomach and allow the endoscopist a clear view. The air is sucked out at the end of the procedure. When the procedure is finished the endoscope is removed quickly and easily. On occasions a biopsy sample or sample of fluid may be taken using a needle that is passed through the endoscope. The procedure lasts approximately **30 minutes** from entering the Endoscopy Room and slightly longer if samples of tissue or fluid are taken.

After the procedure

A member of staff will talk to you at the end of the procedure, explaining what has been found. However, if a biopsy has been taken the results may take several days. Details of the results and any necessary treatment will be sent to your GP or a further outpatient appointment may be necessary.

You will be left to rest, as you may feel sleepy if you have had sedation. If you chose to have sedation it is a good idea for the person taking you home to be with you for discharge. If sedation has been used, people find they forget what has been said and may not even recollect having the test at all. You will be in recovery for about 1 ½ hours and then be given a drink and biscuits.

Once you have returned home, or back to your ward, you may begin to eat and drink normally and resume your normal medication, unless instructed otherwise. If you have had sedation you must have someone to escort you home and stay with you overnight after the EUS.

Following sedation you must not do any of the following for 24 hours:

- Drive a motor vehicle
- Drink alcohol
- Operate machinery
- Sign legal documents

Side effects of this procedure are usually minimal; sometimes patients may feel bloated and / or have a sore throat for the rest of the day. This can be relieved by taking your normal painkillers. You will be given an advice sheet on after care and signs to watch for when you have had your procedure. The effects of sedation may last longer than you think.

What are the risks and complications?

EUS is a very safe investigation. However, there is a small risk of complications that include:

- There is a possibility that the oesophagus, stomach or intestine may be damaged or, in rare and extreme cases, perforated during the procedure. The risk of perforation is approximately 1 in 10,000. This can lead to bleeding and infection, which may require treatment with medicines or surgery.
- There is a slightly increased risk of chest infection after the procedure.
- In a few cases, the procedure is not successfully completed and may need to be repeated or an alternative investigation might be required.
- Bleeding following FNA

If you develop pain, black tarry stools or vomiting in the immediate days following the EUS or EUS-FNA procedure then you should either contact your GP or phone the gastroenterology unit **on 01253 303043 between 07.45hrs and 18.00hrs weekdays or phone ward 12 on 01253 303412**

Options available

If you'd like a large print, audio, Braille or a translated version of this booklet then please call **01253 655588**

Patient Relations Department

For information or advice please contact the Patient Relations Department via the following:

Tel: **01253 655588**
email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:
Patient Relations Department
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
FY3 8NR

Further information is available on our website: **www.bfwh.nhs.uk**

Travelling to our sites

For the best way to plan your journey to any of the local sites visit our travel website:
www.bfwhospitals.nhs.uk/departments/travel/

Useful contact details

Main Switchboard:
01253 300000

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:
Policy Co-ordinator/Archivist
01253 303397



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