

## Endoscopy Unit

# Endoscopic Ultrasound (EUS): The procedure explained

**This is your information booklet. To help you prepare for this procedure, please read this information carefully and bring this booklet with you to your appointment**

### Introduction

You have been advised by your GP or hospital doctor to have an investigation known as an Endoscopic Ultrasound (EUS)

This booklet aims to help you to make an informed decision about agreeing to the investigation.

### **This procedure requires your formal consent.**

Your consent form is enclosed with this booklet.

**The consent form is a legal document**, therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications and you agree to undergo the investigation, please sign and date the consent form and ensure you bring this with you on the day of your procedure.

If however there is anything you do not understand or wish to discuss further but still wish to attend, do not sign the form, but bring it with you and you can sign it after you have spoken to a health care professional.

### **What is an Endoscopic Ultrasound (EUS)?**

An Endoscopic Ultrasound (EUS) is a test very similar to an Endoscopy which you may well have already had. The difference is that the tube which is passed into your oesophagus (gullet) and stomach has a small ultrasound scanner and balloon at the tip. During the examination the doctor may need to take some samples of tissue (biopsies) or fluid, which will give the doctor more information to determine a treatment most suitable for you. The procedure takes approximately 15-20 minutes but may be longer if samples are required.

**Should your condition deteriorate or symptoms become worse before your Endoscopy appointment we advise you to contact your GP immediately.**



## Patient Information

### **What are the benefits and alternatives to having an Endoscopic Ultrasound?**

Endoscopic ultrasound is the most accurate way of diagnosing and assessing certain conditions relating to the oesophagus, stomach and pancreas. The alternatives depend on the reason for performing the test but usually endoscopic ultrasound is complimentary to other tests that you may already have had, such as a CT scan.

### **Preparation**

#### **Eating and Drinking**

It is necessary to have clear views and for this the stomach must be empty. Therefore do **not** have anything to eat for at least **six hours** before the test. Small amounts of water are safe up to **two hours** before the test.

#### **Morning appointment:**

If your appointment is in the morning have nothing to eat after midnight but you may have a drink at 6.00am.

#### **Afternoon appointment:**

If your appointment is in the afternoon you may have a light breakfast no later than 8.00am and small amounts of water until two hours before your appointment.

### **What about my medication?**

Your routine medication should be taken.

### **Anticoagulants/Allergies**

Please telephone the unit on **024 7696 6805** if you are taking anticoagulants such as Warfarin Clopidogrel, Prasugrel, Dabigatran, Rivaroxaban or Apixaban. Please telephone for information if you have a latex allergy.

### **Diabetics**

If you are diabetic, controlled on insulin or medication, please ensure you have received a diabetic information leaflet and that the Endoscopy Unit is aware so that the appointment can be made at the beginning of the list

### **What happens when I arrive?**

Once you have booked into the Unit at the reception desk, you will be met by a qualified nurse who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation.

The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

In preparation for sedation, the nurse will insert a small cannula (small plastic tube) into a vein, usually on the back of your hand, through which the sedation will be administered later.

As you will be having sedation you will not be permitted to drive home or use public transport alone, so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she can contact them when you are ready for discharge.

## Patient Information

You will have a brief medical assessment with a qualified endoscopy nurse who will ask you some questions regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the investigation.

Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

### **How long will I be in the Endoscopy Unit?**

This largely depends upon your recovery after the procedure and also how busy the Unit is. You should expect to be in the Unit for approximately two to three hours. The Unit also deals with emergencies and these can take priority over out-patient lists. If you have to bring children requiring supervision with you for your appointment, please ensure that they have someone to supervise them whilst you are having your procedure. Staff within the department are unable to assist with the supervision of young children. In these instances you may be asked to rebook your appointment to a time more suitable for you to have childcare arrangements in place.

### **The Procedure**

- You will be taken into the procedure room, introduced to the staff and you will be given the opportunity to ask any remaining questions you may have. You will then be asked to remove any dentures and spectacles.
- Before the start of the procedure the doctor may spray a local anaesthetic solution to the back of the throat to numb it. A small plastic mouthpiece will be placed between your teeth or gums in order to keep your mouth open and a small tube with a sponge will be placed in your nose to provide you with extra oxygen.
- The sedation will be administered through the cannula in your hand or arm and will make you lightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation: this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation also makes it unlikely that you will remember anything about the procedure.
- You will be able to breathe quite normally throughout.
- Whilst you are sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.
- The doctor will then pass the endoscope through the mouthpiece into your stomach.
- Any saliva will be removed from your mouth using a small suction tube. When the test is completed the tube is removed quickly and easily.
- You will then be transferred to the recovery area and looked after by a trained nurse until you are fully recovered and ready to go home. Any discomfort will soon disappear.

**Please note that as you have had sedation you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure. You will need someone to accompany you home.**

## Patient Information

During the procedure samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained. Any photographs will be recorded in your notes.

### Risks of the procedure

- A sore throat after the test is very common and should resolve after a few hours.
- There is a small risk (approximately 1 in 2000) of perforation (tearing) of the gut. This may resolve when treated with antibiotics and intravenous fluids, but occasionally it may require an operation.
- Bleeding may occur at the site of the biopsy if any were taken, but this almost always stops on its own.
- A reaction to the sedative drugs is another complication and although very rare, if it did occur you would be required to stay in hospital.
- There is also a risk of damage to crowned teeth and dental bridgework.

### After the procedure

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you will be offered a snack and moved into a chair.

Before you leave the Unit, the nurse or doctor will explain the findings and any medication or further investigations required. They will also inform you if you require further appointments.

Since sedation can make you forgetful it is a good idea to have a member of your family or a friend with you when you are given this information although there will be a short written report given to you.

With sedation, you may feel fully alert following the investigation, however the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone, try and arrange for someone to stay with you, or if possible, arrange to stay with your family or a friend for at least 4 hours.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.

### General points to remember

- If you are unable to keep your appointment please notify the endoscopy unit on **02476 96 6755** as soon as possible.
- If you have a dressing gown and slippers please bring them with you.
- Please note to ensure the privacy and dignity of other patients we do not allow friends or relatives into the clinical area of the department. Should you wish to remain with your friend or relative you may join them in the primary waiting area once you have changed into a hospital gown.

## Patient Information

- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you have any problems with a persistent sore throat, worsening chest or abdominal pain, please contact the Endoscopy Unit on 024 76966805 during 8am-6pm; outside these hours, please contact Ward 33 Gastroenterology on 02476965375.
- If you require hospital transport for your appointment and you have previously used this service then please contact the Endoscopy Unit on 024 7696 6755 and we will arrange this for you. If you have not use the hospital transport service before then you may contact hospital transport directly on 01926 310312

## Further Information

This booklet is based on information produced by the British Society of Gastroenterology and adapted for this Trust by Marie O’Sullivan, Endoscopy Unit Manager.

[www.bsg.org.uk](http://www.bsg.org.uk)

Endoscopy Unit Tel 024 7696 6755

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6805 and we will do our best to meet your needs.

The Trust operates a smoke free policy

### Document History

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Department	Endoscopy
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