

## Patient Information

# Endoscopic Ultrasound (EUS)

### 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 an 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 biopsy (tissue sample)
- 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.

### During the test

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. The procedure lasts approximately **30 minutes** from entering the Endoscopy Room.

## **Sedation**

EUS will be carried out under sedation, which is a medicine to help you to relax. This is given by injection. Whilst this will make you drowsy it does not 'put you to sleep' like a general anaesthetic.

Please be aware you cannot have the procedure unless you bring someone with you to your appointment. Your escort must stay in the department so they can be with you when the endoscopist or nurse discusses the outcome of your procedure - sedation will make you sleepy and therefore you may not remember what is being said. They will also need to escort you home. Someone must then stay with you for 24 hours following your procedure to look out for any complications. During this time, you are advised against doing the following:

Drive a motor vehicle    Drink Alcohol    Operate Machinery    Sign Legal Documents

If you have any queries you can phone the Unit on 01603 288169 for advice.

We are unable to perform your procedure if you do not have an escort.

## **Privacy and Dignity**

Please be aware that in order to protect the privacy and dignity of all patients, some of whom may be undressed for procedures, relatives/carers will NOT be allowed to stay with the patient for the whole time. They are welcome to accompany the patient during the initial admission process but will then be required to leave the admission/recovery area once the patient has been made ready for the procedure. Relatives/carers will be invited back once the patient is recovered and ready for discharge.

## **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. If you have a latex allergy please telephone the Unit for medical advice.

### **Warfarin / Phenidione / Clopidogrel (Plavix), or any other blood thinning agent (anti-coagulant)**

If you are taking any of the above, please inform the Gastroenterology Unit on 01603 288169 as soon as possible, as our doctors may decide that it is necessary for you to stop taking your tablets for a limited time before the procedure.

### **Diabetes**

If you suffer from diabetes, please inform the Gastroenterology Unit as soon as possible, as it may be necessary to change the time of your appointment or be admitted to hospital a day before your procedure for treatment. If your diabetes is managed by your GP please contact the surgery for advice. If under the care of Elsie Bertram Diabetes Centre, please contact your Diabetes specialist nurse on 01603 288513.

### **Pregnancy**

If you are pregnant or breast-feeding please contact the Gastroenterology Unit on 01603 288169 for advice.

## **Consent**

Enclosed is a consent form for you to read before you come for your appointment. This is to ensure that you understand the test and its implications/risks. Please bring it with you to your appointment but DO NOT sign it until AFTER you have had a discussion with the nurse or doctor in the Unit. If you have any queries you can telephone the Unit before your procedure or ask the staff when you have your discussion.

## **After the procedure**

The endoscopist or nurse will talk to you at the end of the procedure, explaining what has been found. If a biopsy has been taken, your GP will be sent the results and informed of any necessary treatment. A further outpatient appointment may be necessary and you will be contacted to arrange this.

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 by the Doctor.

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.

## **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. A perforation may require treatment with medicines or surgery
- There is also a small risk of pancreatitis (inflammation of the pancreas) and bleeding if a biopsy is taken from the pancreas. The risk of these is approximately 1 in 100.
- 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.

## **Useful sources of information**

Additional information can be found at these websites:

- National library of Medicine <http://www.nlm.nih.gov/portals/public.html>
- The American Society of Gastrointestinal Endoscopy <http://www.askasge.org/>

