

Endoscopy Department

EUS (Endoscopic ultrasound) for outpatients

Important Information

Before your appointment

- All medications should be taken as normal with a little water.
- If you are taking **Warfarin** please read the '**Alert for patients on Warfarin**' carefully as you may need to have an INR test 7 days before.
- People with **diabetes** should have additional instructions. Contact the Endoscopy department on 01223 216546 immediately if missing.
- If you have any queries about the procedure or find that you cannot keep this appointment please contact the Endoscopy Office between 0900 and 1700 on 01223 257080

On the day

- Have **nothing to eat for six hours and nothing to drink for four hours** before your appointment
- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.

At the hospital

- Please come to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use **Car park F**, situated opposite the main entrance to the centre, take the 'visitor' parking ticket issued at the car park entrance to the reception desk in the Treatment Centre to have it changed to the concession for outpatients' version. Bring your appointment letter with you.
- **Please note that the appointment time is for your pre procedure assessment, not the time of your examination.** You may be here from two to four hours but it is very important that your escort remains here with you. Please ask your admitting nurse for further information during your pre procedure assessment.

Your doctor has requested this procedure to help investigate and manage your medical condition

What is endoscopic ultrasound?

Endoscopic ultrasound (EUS) is a procedure that combines the ability to look directly at the lining of the gut, with ultrasound, that allows the operator to see structures beneath the surface.

This is done using a special endoscopy/ultrasound scope. This is a long flexible tube (thinner than your little finger) with a light at the end and a built in miniaturised ultrasound probe. It is passed into the mouth and on down the gullet (oesophagus) and stomach into the duodenum to see structures in the upper abdomen but may also be used as a colonoscope and passed into the rectum to see lower pelvic structures. The procedure will be performed under sedation (**not** a general anaesthetic). The level of sedation is such that generally no discomfort should be experienced. It can take around 20 minutes, but if it takes longer, you should not worry.

Sometimes EUS is used to take a fluid or tissue samples; this is done by passing a small needle through the scope to obtain the samples which are sent to the laboratory for analysis.

In certain conditions EUS is also used to guide a special injection as treatment for severe pain, this is called a coeliac plexus neurolysis (CPN).

EUS may also be used to guide other procedures such as cyst or abscess drainage

Getting ready for the procedure

Wear loose fitting washable clothing and leave valuables at home.

On arrival, the procedure will be explained to you by the doctor performing the procedure and you will be asked to sign a consent form. We want to make sure that you understand the procedures and their implications.

Remember, you can change your mind about having the procedure at any time.

An intravenous injection is given into a vein to make you feel relaxed and sleepy but not unconscious. This means you will probably not be aware of the procedure. The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.

You **must** arrange for a responsible adult to come with you, wait with you and then take you home. You will not be able to drive. Altogether, you and your escort may be in the department for up to three hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

During the procedure

For your comfort and reassurance, a trained nurse will stay with you throughout the procedure. In the procedure room, you will be asked to remove false teeth, glasses and made comfortable on a couch lying on your left side.

The endoscopist will give you the injection. A mouth guard will be put gently between your teeth so that you do not bite the scope. A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels during the procedure.

When the endoscopist gently passes the tube through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing.

Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

Potential problems

Diagnostic endoscopic ultrasound procedures carry a very small risk (1 in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary.

Naturally the use of guided needle sampling slightly raises the risk of haemorrhage but the risk remains very slight

If you have undergone a coeliac plexus neurolysis (CPN) we will observe your blood pressure for a while after the procedure. CPN may temporarily lower your blood pressure, but this is very unusual. Some patients may have diarrhoea for a few days after the procedure A very small number may experience a temporary increase in pain.

As with all endoscopic procedure there may be a slight risk to teeth, crowns or dental bridgework; you should tell the nurses if you have either of these. Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and adverse reactions to intravenous sedative drugs and, when used, antibiotic treatment.

After the procedure

You will be taken to the recovery area (mixed sex). When you are sufficiently awake, you may go home. You are advised not to drive, operate machinery, return to work, drink alcohol or sign legally binding documents for the next 24 hours. You are also advised to have a responsible adult stay with you for the next 12 hours. Afterwards the back of your throat may feel sore for the rest of the day and this will pass and needs no medication.

If you have any of the following, you should contact your GP, the Endoscopy department or the Accident and Emergency department.

- severe pain,
- black tarry stools
- persistent bleeding

When do I know the result?

The endoscopist will be able to tell you the results immediately after the procedure. It is a good idea to have someone with you when you talk to the endoscopist as sedation makes some people forgetful. If a sample was taken the result will not be available for a few days. Details of the results and any necessary treatment should be discussed with the doctor who recommended you to have the procedure.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment

Alternatives:

Due to the unique information obtained from an EUS there are no real alternatives although in a few instances other radiological tests may give the answers required.

References:

Mohamad A. Eloubeidi, MD, MHS, Ashutosh Tamhane, MD, MSPH, Shyam Varadarajulu, MD, C. Mel Wilcox, MD Frequency of major complications after EUS-guided FNA of solid pancreatic masses: a prospective evaluation. *Gastrointestinal Endoscopy* 2006; 63:622-29

BSG Guidelines: Complications of Gastrointestinal Endoscopy, 2006 at www.bsg.org.uk

For more information:

- Contact the Endoscopy Office between 0900 and 1700 on 01223 216546
- See www.addenbrookes.org.uk/consent



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

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