

Endoscopic Ultrasound (EUS)

Gastroenterology, Endoscopy

Introduction

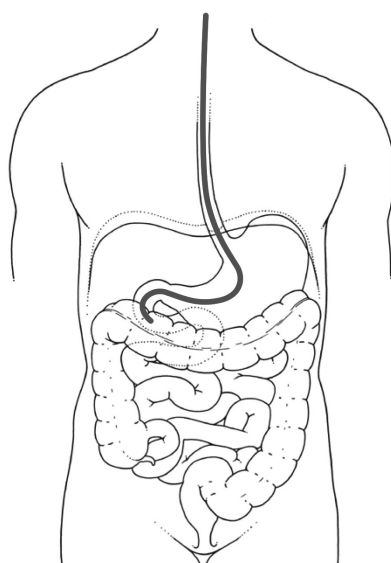
You have been advised that you should have a test called an endoscopic ultrasound (EUS).

This leaflet tells you why you need this procedure, how to prepare for it and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries once you have read the information, then please contact us on the telephone number you will find at the end of this leaflet.

What is an endoscopic ultrasound (EUS)?

An EUS allows the endoscopist to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum) under direct vision, with a view to obtaining information about the structures surrounding the gut by means of an additional ultrasound probe attached to the end of the endoscope (camera).

The endoscope is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum.



The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

During the test the endoscopist may need to obtain tiny pieces of tissue (biopsies) or fluid to help find the cause of your symptoms. The tissue is removed painlessly through the endoscope using a small needle like instrument or a tiny grasper (forceps). These samples will be sent to the laboratory for analysis.

Consent

You will be asked to sign a consent form to give permission to have the test done. The consent form may be completed in clinic, or be sent to you with the appointment details. Please read all the information on the consent form. You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of the endoscopy if this is necessary.

Your clinician will explain the risks, benefits and alternatives where relevant before they ask for your written consent. If you are unsure about any aspect of the procedure, please do not hesitate to ask for more information.

If you have no questions, it is important that you sign the consent form at home at least one day before the test; otherwise this will be done prior to the test after you have spoken to a nurse or doctor.

Please bring the consent form with you to your appointment.

What are the benefits of an endoscopic ultrasound (EUS)?

The endoscopic ultrasound gives your doctor more detailed information than an X-ray or external ultrasound. This helps to diagnose or rule out a suspected digestive disease or condition.

What are the risks of having an endoscopic ultrasound (EUS)?

The majority of endoscopic ultrasounds are safe and uncomplicated. However, as with any procedure there is a small chance of side effects or complications. You may suffer from a sore throat or feel some wind in your stomach. This will settle in a few days.

National studies for endoscopy have shown that serious complications are very rare. These include:

- Drug reaction
- Bleeding
- Perforation
- Missed lesions: Although this test has been recommended as the best test to detect any abnormalities, no test is perfect. There is a small risk that we may miss lesions including polyps and rarely cancers

Bleeding: occurs in less than 1 in 5000 cases.

Perforation: (a hole or tear in the gullet or stomach) occurs in approximately 1 in 5000 cases.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

Are there any alternatives to an endoscopic ultrasound (EUS)?

In certain circumstances, your doctor may suggest various X-rays and scans.

What if I do not have an endoscopic ultrasound (EUS)?

An EUS has been recommended because you need an additional assessment to one you may already have had. If you do not have the EUS then important information relevant to your problem might be overlooked. Under certain circumstances an alternative investigation might be possible.

What do I need to do to prepare for the endoscopic ultrasound (EUS)?

Your stomach must be empty during the procedure. Please do not have anything to eat for 6 hours before your appointment. This includes avoiding milk products, so any hot drinks should be without milk.

You can drink water until 2 hours before your appointment.

Some patients may need to adjust their regular medicines before the procedure can be done. Therefore if you take any of the following:

ANTICOAGULANT tablets (such as warfarin, rivaroxaban, dabigatran apixaban or edoxaban)

ANTIPLATELET drugs (such as clopidogrel, prasugrel or ticagrelor)

Or if you are a DIABETIC,

Please telephone 01902 694191 (New Cross) or 01543 576736 (Cannock) and speak to a nurse on the endoscopy unit as soon as you have an appointment confirmed.

You should take all other tablets as normal with a sip of water.

What will happen on the day?

When you arrive at the endoscopy unit please report to reception and you will then be asked to take a seat in the waiting area.

A nurse will invite you into an office to ask you questions about your health, explain about the procedure and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have. You will also have the opportunity to confirm the details on your consent form with a nurse or your endoscopist.

Please bear in mind there may be a slight delay before you are taken through for your procedure, however, a relative or friend is more than welcome to wait with you.

In the examination room

Before the EUS is done you will be asked to remove your glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). Outer clothing such as coats and jumpers will need to be taken off.

The EUS procedure is performed using sedation. A local anaesthetic spray will be additionally administered to the back of the throat prior to the procedure.

Local anaesthetic spray and sedation

Local anaesthetic spray and intravenous sedation will be given to you. The local anaesthetic spray is used to numb your throat. The intravenous sedation involves an injection into your arm which will make you very drowsy. A pain relieving injection is also given. Some people do not have any memory of the EUS having been done.

During the procedure

A nurse will stay with you throughout the EUS. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the endoscope. The nurse will hold this in place. You will be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the EUS a monitor is placed on your finger to check your pulse and oxygen levels.

The endoscopist will pass the endoscope over your tongue to the back of your throat. The endoscope will then pass into your gullet, stomach and duodenum. The EUS examination usually takes approximately 10 to 20 minutes to complete.

You may feel the endoscope move inside you.

During the EUS the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth.

As soon as the endoscope is removed, the mouth guard is taken out of your mouth and the test is over.

After the EUS

As you have had sedation you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may be between 1 and 2 hours.

You will be offered something to eat and drink before you go home.

Please tell us of any specific dietary requirements at least 24 hours prior to your procedure.

You will have some written instructions to take home and you will need to have an adult to accompany you.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day.

It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long

When will I receive the results?

The endoscopist will usually talk to you about the outcome of the examination before you go home. As you have had sedation, you may not remember all that has been said to you, however, the results of any samples obtained will not be available for several days. The results of these will be sent to your doctor that organised the EUS.

Information for women of child bearing age.

If you are pregnant or think that there is a possibility you could be pregnant, please contact the endoscopy unit on the telephone number at the front of this booklet as soon as possible.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Training

The Royal Wolverhampton NHS Trust endoscopy unit is a regional centre for endoscopy training. You may be asked if you would be willing to be examined by a trainee endoscopist.

All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

If you require any further information please contact us as follows:

Endoscopy Booking Office:

01902 694052 Monday to Friday 08:30 to 16:30

Or visit the website:

<https://www.royalwolverhampton.nhs.uk/services/service-directory-a-z/gastroenterology/>

Useful External Agencies:

Guts UK

The Charity for the Digestive System.
3 St Andrews Place
London
NW1 4LB
Tel: 020 7486 0341
email: info@gutscharity.org.uk
<https://gutscharity.org.uk/>

PALS

(Patient Advisory & Liaison Services)
Patient Information Centre
New Cross Hospital
Wolverhampton
WV10 0QP
Telephone: 01902 695362
email: rwh-tr.pals@nhs.net www.pals.nhs.uk
Open: Monday to Friday 09:00am until 05:00pm

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਆਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。