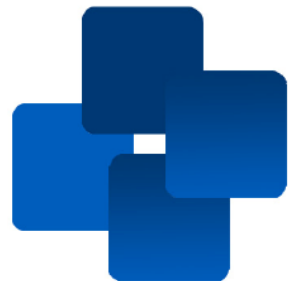


# Patient Information

## Endobronchial Ultrasound (EBUS)

An examination of the lungs

Endoscopy and  
Day Surgery Centre



## Introduction

Your doctor has advised you to have an **Endobronchial Ultrasound (EBUS)**.

EBUS is a procedure used to help diagnose some conditions of the lungs and airways (the tubes that carry air to the lungs) by taking tissue samples from the neighbouring lymph glands.

Please read this information booklet and complete the medical questionnaire on pages 8-10 **before you arrive for your procedure**.

## What does it involve?

EBUS involves using a thin, flexible tube called a bronchoscope, which is about as thick as a pencil. This is passed via the mouth or nose to the back of the throat, into the windpipe and then further on into the airways. It is attached to an ultrasound probe that allows the doctor to see the lungs and lymph glands that sit next to the airways.

The ultrasound probe produces sound waves that are converted into pictures by a computer. The doctor can then use a very fine needle to take the tissue sample from the right place. This technique is called **transbronchial needle aspiration (TBNA)** and is painless. The sample is always sent to the lab for more tests to help reach a diagnosis.

## How can I prepare for the procedure?

You **must not** eat for at least **6 hours** before the test, and have only clear fluids up to **2 hours** before the test. You should still take your usual medicines with a small amount of water.

### Patient with diabetes, please follow the instructions below:

- 1) **Tablet controlled** - Do not take the morning dose but bring them with you to take after your procedure.

- 2) **Insulin controlled** - Please telephone the diabetes nurse. The telephone numbers are on the back cover of this booklet.

## **Instructions for stopping blood-thinning medications before the procedure:**

- **Warfarin** - usually stopped 5 full days before the procedure. You will need an INR blood test 1-2 days before the procedure to ensure your INR is below 1.5

Please let us know if you are on warfarin and the reason for this. In some situations, we may give you an alternative shorter-acting agent to take instead for the lead-up to your procedure.

- **Aspirin** - do not take on the morning of the procedure.
- **Clopidogrel** - usually stopped 7 full days before the procedure.
- **Dipyridamole** - usually stopped 7 full days before the procedure.
- **Ticagrelor** - usually stopped 7 full days before the procedure.
- **Rivaroxaban** - usually stopped 2 full days before the procedure.
- **Apixaban** - usually stopped 2 full days before the procedure.
- **Dabigatran** - usually stopped 2 full days before the procedure.
- **Dalteparin** (injections) - usually stopped 1 full day before the procedure.
- **Enoxaparin** (injections) - usually stopped 1 full day before the procedure.

**Please contact your respiratory clinical nurse specialist if you have any questions about stopping any of these medications.**

## Admission to the Endoscopy Unit

You will be admitted to Endoscopy by the nursing team. Your blood pressure, pulse, temperature and respirations will be taken. The nurse will be happy to answer any further questions you might have and ask you to confirm with you that you are willing to proceed. A cannula (needle) will be put in your hand or arm for medication. You may keep your dentures and hearing aids in. You will not need a general anaesthetic. You will be given some medicine to make you feel relaxed or even sleepy before the test.

## What happens during the procedure?

The doctor will spray the back of your throat with a local anaesthetic to make it numb. This will make it easier to pass the bronchoscope into your windpipe. You will also be offered a sedative to help relax you during the procedure which will be given by injection into a vein in your hand or arm. It is not a general anaesthetic and so you will remain awake, but you will feel sleepy and will require someone to drive you home and stay with you overnight.

The bronchoscope will be passed gently into your airways. A fine needle is then passed down the bronchoscope into the gland/tissue and a sample is taken; this is painless. More than one sample will be needed during the procedure. The procedure will normally take 30-60 minutes.

## After the procedure

After the procedure you will be taken to the recovery area in the Endoscopy Centre and made as comfortable as possible. You may have a drink and something to eat after 60 minutes if you are not too sleepy and feel able to manage.

## How long will I be in hospital for?

You should be able to go home later that same day. However, if your lung has collapsed, your doctor may ask you to stay in hospital overnight for observation.

## When will I get the results?

An outpatient appointment will be made for one week after the procedure. At this appointment, the doctor will discuss the result of the test with you. If you have any questions about the test, please discuss them directly with your respiratory clinical nurse specialist.

## What are the possible problems (risks) with the procedure?

The problems that may occur after this procedure are not usually serious:

- You may cough and feel slightly breathless during the test.
- You may have a sore throat and hoarse voice for a few days afterwards.
- It is not unusual to cough up small amounts of blood for 12-24 hours after the test.
- There is a very, very small risk of the lung collapsing. Your doctor will explain this to you in more detail when asking you for your consent for the procedure.

If the collapse is minor, nothing will need to be done but you may have to stay in hospital for 24 hours for monitoring. If the lung has to be re-expanded because you are breathless, a tube will be placed into the space between the lung and the chest wall to allow the air to escape. You will then need to stay in hospital for a few days while the lung heals.

## Other possible problems (risks) with the procedure

- There is a small risk of developing a chest infection, which occurs in fewer than 5 in 100 people. However, it will respond quickly to antibiotics so if you feel unwell following the procedure, you should consult your GP.
- There is a risk of bleeding and coughing up blood. Less than 1 in 500 may require a short hospital stay.
- Death from EBUS has been described as occurring in around 1 in 5,000 cases. Almost always, however, the patients who have died from EBUS have been very ill in hospital beforehand.

## On the day of your procedure:

- Please leave your valuables at home. The hospital does not accept responsibility for patient's personal belongings. Bring a small amount of money and an exemption certificate (if you have one) in case you are prescribed medication.
- You can bring a book or magazine with you as you could be in the unit for a while. Please check with your nurse on arrival for an estimated time for your friend/relative to collect you.
- Please arrive at the reception area located on the ground floor of the Endoscopy and Day Surgery Centre to check in. You will then be asked to take a seat in the waiting area. Please take the time to look at the 'Welcome to Endoscopy' notice board for information about the procedure team. A nurse will call you through, admit you and go through your paperwork with you.
- The waiting areas in the Endoscopy Centre are mixed sex facilities. However, where patients wait for the procedure, same sex facilities are provided to maintain your privacy and dignity.

## Medical Questionnaire

The next section is for you to complete prior to arriving at the Endoscopy and Day Surgery Centre. Please bring this with you on the day of the procedure.

It is important that you fill it in accurately so that the nursing staff can provide you with the best care possible.

If you have any concerns or questions, please call the nurses' enquiry line (see the back cover of this booklet).

### Patient Label

Surname:

First name(s):

Date of birth:

Hospital No:

NHS No:

<b>HEART</b>	<b>YES</b>	<b>NO</b>
Heart disease		
Valve surgery, angina, heart attack		
When did you last have chest pain?		
High blood pressure		
Stroke		
Circulation (e.g. thrombosis)		
Other		
Did any of above require anticoagulants?		
<b>Nursing notes:</b>		
<b>LUNG</b>	<b>YES</b>	<b>NO</b>
Lung condition (e.g. emphysema, asthma)		
Coughing up blood?		
Other		
<b>Nursing notes:</b>		
<b>LIVER/KIDNEY/URINARY TRACT</b>	<b>YES</b>	<b>NO</b>
Liver condition (e.g. jaundice, cirrhosis)		
Kidney (e.g. kidney stones, infection)		
Urinary tract (e.g. infection, blood in urine)		
<b>Nursing notes:</b>		
<b>INFECTIOUS DISEASES</b>	<b>YES</b>	<b>NO</b>
TB		
Hepatitis (B or C)		
HIV/Aids		
MRSA / Other		
Have you ever been notified that you are at risk of CJD?		



<b>GASTROINTESTINAL TRACT</b>	<b>YES</b>	<b>NO</b>
Stomach (e.g. ulcers, hiatus hernia)		
Bowel (irritable bowel, polyps, cancer)		
<b>Nursing notes:</b>		
<b>OTHER CONDITIONS</b>	<b>YES</b>	<b>NO</b>
Diabetes		
Epilepsy		
Anaemia		
Glaucoma		
<b>Nursing notes:</b>		
<b>OTHER DETAILS</b>	<b>YES</b>	<b>NO</b>
Dentures		
Hearing aid		
Glasses/contact lenses		
Body piercing		
Metal joints or any bones pinned?		
Are you sensitive/allergic to anything? (e.g. antibiotics / latex / foods / adhesive etc.)		
<b>Nursing notes:</b>		
<b>LIFESTYLE</b>	<b>YES</b>	<b>NO</b>
Do you smoke?		
Do you drink alcohol? (If yes, number of units per week)		
Do you take any illegal substances?		
<b>Nursing notes:</b>		

- Have you had any operations? **YES / NO**  
**Please detail here:**

<b>CURRENT MEDICATIONS TAKEN</b>		
Name of medicine	Dosage (amount)	Number of times taken per day

Endoscopist has been informed of relevant conditions and medication? **YES / NO**  
 Transferred to care plan? **YES / NO**

**Next of Kin (Name and telephone number):**  
 \_\_\_\_\_

**Valuables disclaimer**  
 You are advised not to bring valuables into the hospital. We cannot accept responsibility for lost items.

Patient name (print): .....

Patient signature ..... Date: .....

Nurse name and signature: ..... Date.....

**To ensure that your examination is a success, please follow all the instructions carefully:**

- Please read this information booklet and complete the medical questionnaire on pages 8 - 10 **before you arrive for your procedure.**
- Drinks - You can have clear fluids up to 2 hours before your EBUS, this includes black tea or coffee.
- Food - You can eat a light snack up to 6 hours before your EBUS.

**Please tick the checklist below to ensure you have read all the information and are ready for your procedure:**

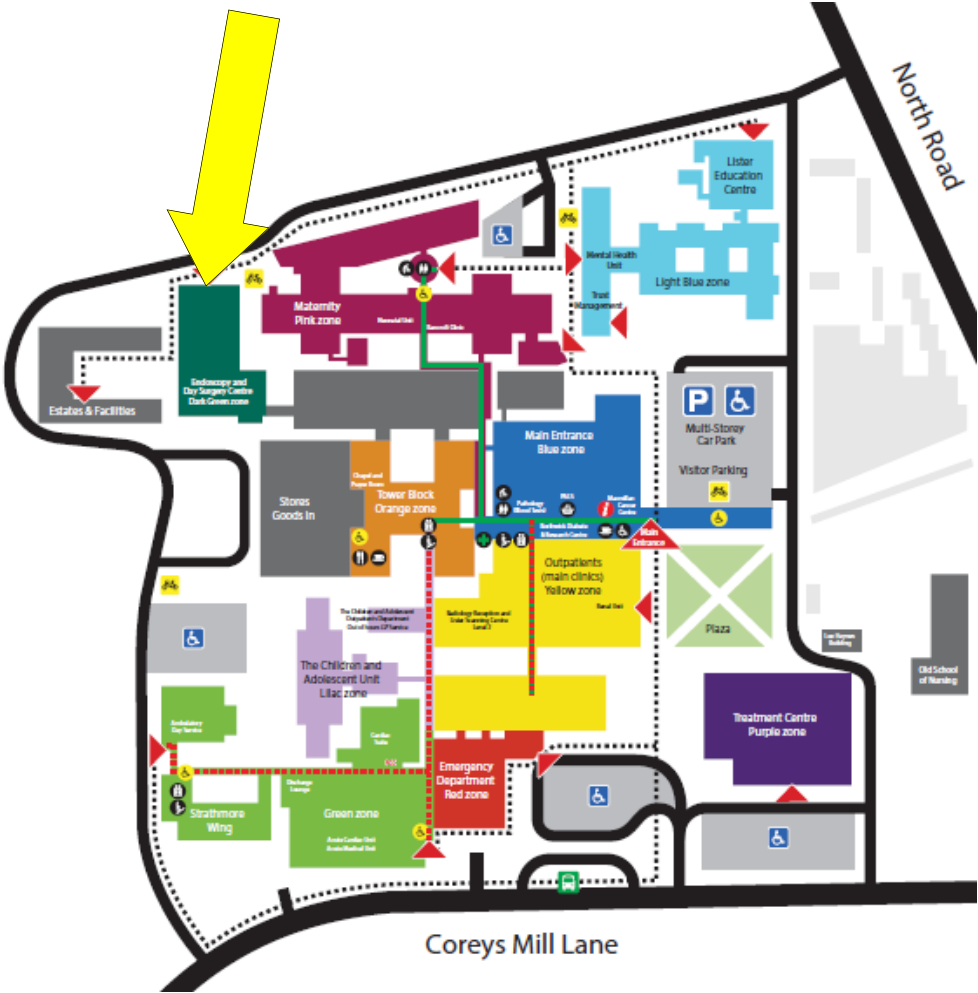
- I have read this patient information booklet
- I have understood the information provided
- I have completed the medical questionnaire (pages 8-10)
- I have read the consent form (if given/sent one)
- I have arranged transport (if having sedation)
- I am aware of when I should stop eating and drinking
- I have contacted the diabetes nurse (if required)
- I have contacted the anticoagulant clinic (if required)
- I have contacted the nurses with any queries

**If you are unsure about anything, please contact us. Your procedure could be cancelled if you have not followed the instructions properly.**

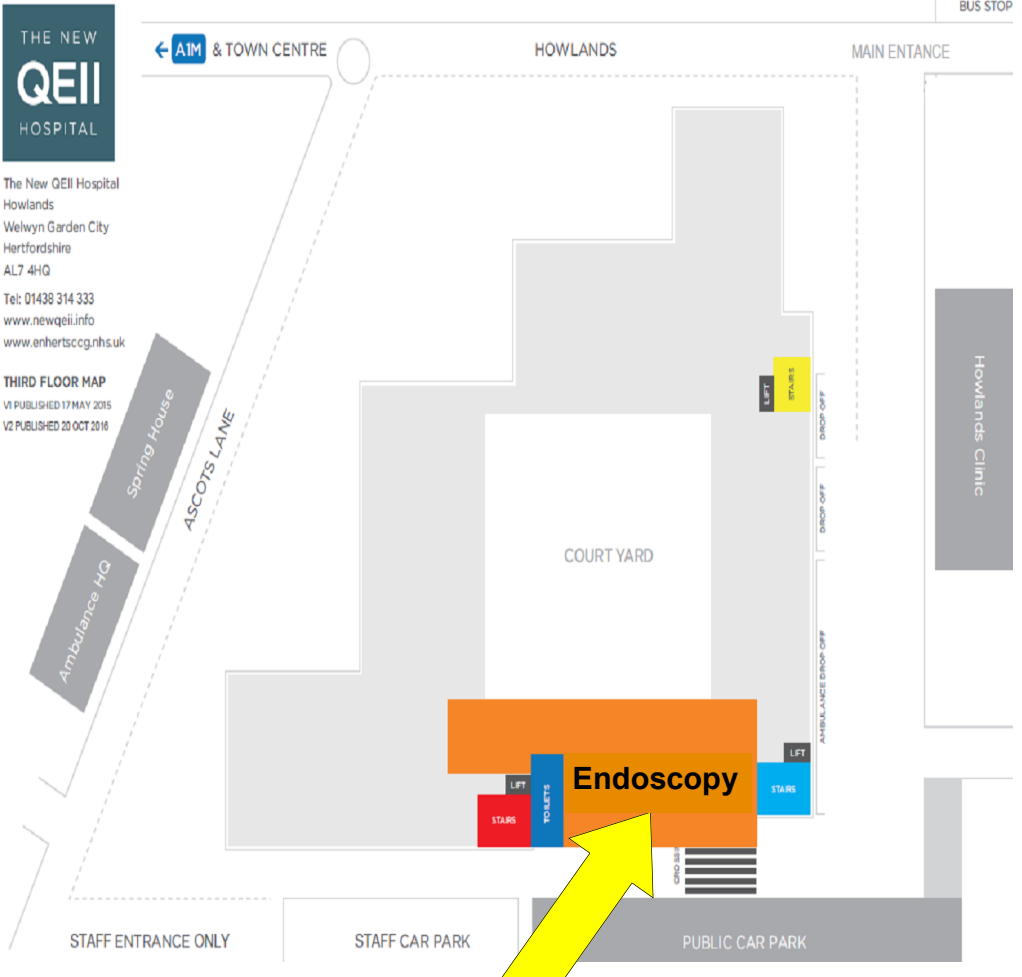
**Please use this space to write down any notes or questions you may have:**

# Site Map - Lister Hospital

We are here - Endoscopy and Day Surgery Centre



# Site Map - New QEII Hospital, 3rd Floor



**We are here**

Both site maps can be found on our Trust website:  
[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

## Useful Contact Details

### Endoscopy and Day Surgery Unit

☎ 01438 285470

Lister Hospital

Coreys Mill Lane

Stevenage

Hertfordshire SG1 4AB

### Endoscopy booking office

#### Lister and New QEII

☎ 01438 284062

#### Anticoagulation Clinic - Lister New QEII

☎ 01438 285335

☎ 01707 224032

### Nurses' Enquiry Line

☎ 01438 284273 / 284062

### Diabetes Nurses

☎ 01438 284560

☎ 01438 284645

☎ 01438 284615

(This is not an emergency service. Messages left on the answerphone may not be answered for 24-48hrs).



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