

Endoscopic Ultrasound (EUS)

This information sheet provides essential information to prepare you for your forthcoming procedure. You have been advised to have an **endoscopic ultrasound** procedure (combination of camera test with ultrasound) to help find the cause of your symptoms and make a diagnosis. This information sheet covers frequently asked questions.

Please read this information sheet and complete the medical questionnaire on pages 4 and 5 before you arrive for your procedure.

What is an endoscopic ultrasound?

Endoscopic ultrasound (EUS) is a procedure that combines the ability to look directly at the lining of the gut with ultrasound allowing the endoscopist to see structures beneath the lining of the gut and deeper structures and organs. To do this a special endoscopy/ultrasound scope is used which is a long flexible tube with a camera at the end and a built in ultrasound probe. The endoscopist may perform fine needle sampling (aspiration or biopsy) to obtain fluid, cells or tissues to help make a diagnosis.

What should you do in preparation for the procedure?

Please read and follow our instructions carefully:

- Your stomach must be empty to allow a clear view of the gastrointestinal tract, therefore you must not eat for **6 hours** before your appointment time and have only sips of water up to **2 hours** before your appointment time.
- Please let the unit know before the procedure if there is a risk you could be **pregnant** or **breastfeeding**.
- Anti-hypertensives (blood pressure), critical medications (Parkinson's, epilepsy, anti-rejection drugs) should be taken as per normal with only a small amount of water to avoid your procedure being cancelled.
- Please bring any inhalers or heart medication with you.
- **Insulin dependent diabetic patients** should contact the diabetic specialist nurses before the procedure - see the 'useful contacts' at the end of this information sheet.
- **Tablet controlled diabetic patients**, please ring the endoscopy nurse's enquiry line for advice - see the 'useful contacts' at the end of this information sheet.
- **Alert for patients on warfarin or clopidogrel, or other anticoagulant medication.** If you have been advised that you are to have endoscopic ultrasound with FNA and you have any questions, please ring the appropriate number at the end of this information sheet for advice, unless you have been instructed when your procedure was booked.
- Please do not wear nail varnish on your fingers.

What will you need to bring with you on the day?

Please wear loose, comfortable clothing as you will not need to get changed for the procedure. Please bring the following with you:

- Any inhalers and medication needed, and a list of current medication.
- The completed medical questionnaire.
- Please do not bring any valuables with you, apart from your mobile phone if you wish to.
- If you have an exemption certificate, please bring it with you in case you are prescribed medication.
- You can bring a book or magazine 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.
- The waiting areas in the Endoscopy Centre are mixed sex facilities. However, when patients are required to undress, same sex facilities are provided to maintain your privacy and dignity.

Admission to the Endoscopy Unit

On arrival to the department, you will be asked to wait in the waiting area. If a relative has come with you, they may go home and be contacted when you are ready for discharge or may wait in the department. The time of your admission may not be the time you will have your procedure, please be prepared to stay for 2-6 hours. The reception and nursing staff will keep you informed of any delays.

You will be escorted to an admitting room where all relevant details will be recorded and the procedure explained. You will not need to undress for this procedure. You will be asked to sign a consent form if you have not already done so. The consent form is a legal document which confirms your agreement to the procedure and your understanding of its benefits, potential risks, complications, and alternatives.

We offer a local anaesthetic throat spray and/or conscious sedation. If you choose to have the conscious sedation, a small plastic tube (cannula) will be inserted into your vein to allow the medication to be administered.

If you choose to have sedation, a responsible adult will need to collect you from inside the Endoscopy Unit and remain with you for the rest of the day. You will NOT be allowed to drive for up to 24 hours.

What happens during the procedure?

In the examination room you will meet the endoscopist and assisting nurses. You will be settled on a couch and a monitoring device will be placed on your finger. Your throat will be sprayed with a local anaesthetic to numb it and any dentures will be removed. You will then lie on your left-hand side for the procedure.

A mouthguard will be placed between your teeth to support the endoscope. Throughout the test, air will be used to inflate your stomach and the nurse looking after you will suction any saliva from your mouth. The procedure should not compromise your breathing but may make you retch a little and can be associated with mild to severe discomfort. It takes approximately 10-20 minutes but can take a bit longer if fine needle sampling is performed. When the examination is finished, the endoscopist will remove the air and withdraw the endoscope. You may pass some wind and, although this may be embarrassing, the staff do understand it is the air the endoscopist is putting in.

After the procedure

If sedation has been given you will rest in recovery for around 15 minutes to allow the throat spray to wear off, and then be offered light refreshments. If no sedation has been given, you will be able to walk from the procedure room to second stage recovery and, after 15 minutes, light refreshments will be offered.

The back of your throat may feel a little sore for the rest of the day and you may feel a little bloated/windy, also sleepy if you had the sedation.

In some patients the sedation may make them forget the procedure.

Benefits of the procedure

- No exposure to radiation.
- Better visualisation of organs and structures underneath the lining of gullet, stomach and first part of small bowel.
- An opportunity to obtain fluid, cells or tissues using fine needle sampling to help make a diagnosis.

What are the possible risks with the procedure?

- There is a very small risk (1-2 in 1000 cases) of bleeding or perforation (tear) of the gastrointestinal tract, following which surgery may be necessary. The use of fine needle sampling slightly raises the risk of bleeding or perforation, but the risk remains very slight (2-3%).
- There is a similar risk of causing inflammation of the pancreas (pancreatitis) if fine needle sampling of pancreas is performed. Infection can rarely occur during fine needle aspiration of cysts, so you may be given antibiotics to reduce the chance of this happening. In extremely rare occasions, these complications may result in an admission to hospital.
- It is also possible to have a reaction to medication used and the nurse will discuss this in more detail with you during your admission.
- Minimal risk to crowned teeth or dental bridgework.
- You may feel a little bloated and have some wind-like pains because of the air in your gut; these usually settle down quickly.

When will I get the result of the procedure?

A doctor or nurse will explain the outcome of your endoscopy. If samples are obtained, the results of the biopsies will take several days to a few weeks to be processed. Your GP will receive the results. If you have questions about your future management, you should contact the clinician who referred you for this procedure. If you have not been seen by a clinician prior to your procedure, it may then be necessary for us to arrange an outpatient appointment for you.

Medical questionnaire

The next section (on pages 4 and 5) is for you to complete prior to arriving at the Endoscopy and Day Surgery Unit. **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 'useful contacts' at the end of this information sheet.

Medical questionnaire

| <u>HEART</u> | Yes | No |
|---|-----|----|
| Heart disease | | |
| Valve surgery, angina, heart attack | | |
| When did you last have chest pain..... | | |
| High blood pressure | | |
| Rheumatic Fever | | |
| Stroke | | |
| Circulation (e.g.) thrombosis) | | |
| Other | | |
| Did any of above require anticoagulants | | |
| Nursing notes | | |

| <u>LUNG</u> | Yes | No |
|---|-----|----|
| Lung Condition (e.g. emphysema, asthma) | | |
| Coughing up blood | | |
| Other | | |
| Nursing notes | | |

| <u>LIVER/KIDNEY/URINARY TRACT</u> | Yes | No |
|--|-----|----|
| Liver Condition (e.g. jaundice, cirrhosis) | | |
| Kidney (e.g. kidney stones, infection) | | |
| Urinary Tract (e.g. infection, blood in urine) | | |
| Nursing notes | | |

| <u>INFECTIOUS DISEASES</u> | Yes | No |
|---|-----|----|
| TB | | |
| Hepatitis (B or C) | | |
| HIV/AIDS | | |
| MRSA/ Other | | |
| Have you ever been notified that you are at risk of CJD or vCJD for public health service | | |
| Nursing notes | | |

| <u>GASTROINTESTINAL TRACT</u> | Yes | No |
|---|-----|----|
| Stomach (e.g. ulcers, hiatus hernia) | | |
| Bowel (irritable bowel, polyps, cancer) | | |
| Nursing notes | | |

| <u>OTHER CONDITIONS</u> | Yes | No |
|--------------------------------|-----|----|
| Diabetes | | |
| Epilepsy | | |
| Anaemia | | |
| Glaucoma | | |
| Addison's disease | | |
| Nursing notes | | |

| <u>OTHER DETAILS</u> | Yes | No |
|---|-----|----|
| 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) | | |
| Nursing notes | | |

| <u>LIFESTYLE</u> | Yes | No |
|--|-----|----|
| Do you smoke | | |
| Do you take any illegal substances? | | |
| Do you drink alcohol (If yes – how many units/week – 21 male/ 14 female) | | |
| Nursing notes | | |

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 sheet
- I have understood the information provided
- I have completed the medical questionnaire on pages 4 and 5
- I have read the consent form (if given/sent one)
- 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.**

Additional information

To view the Lister and New QEII site maps for navigating your way around our hospitals, please visit our Trust website - www.enherts-tr.nhs.uk

Useful contact details

East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Endoscopy Unit - Lister and New QEII:

- Lister: Telephone 01438 288603 - Option 1
- New QEII: Telephone 01707 247728

Anticoagulation Clinic:

- Lister: Telephone 01438 285335
- New QEII: Telephone 01707 224032

Nurses' Enquiry Line:

- Telephone 01438 288603 (please ring between 8am - 10am and 4pm - 6pm) - Option 2

Diabetic Specialist Nurses:

- Telephone 01438 284560
- Telephone 01438 284645
- Telephone 01438 284615

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



Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

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