Endoscopy Department

EUS (Endoscopic ultrasound)

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 216546
- Please telephone the department on 01223 216546 to confirm the time you should attend. If your date is a Wednesday; phone in the morning of your appointment. If your date is a Monday; phone on the Friday afternoon before.

On the day

- Have **nothing to eat for 6 hours and nothing todrink 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 check, not the time of your examination. You may be here for up to 2 hours.

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

What is endoscopic ultrasound?

The upper gut consists of the oesophagus (gullet), stomach and duodenum (part of the small intestine joining the stomach). Endoscopic ultrasound is a procedure that combines the ability to look directly at the lining of the upper gut with ultrasound, while also showing the structures beneath the lining.

This is done using an ultrasound scope, this is a long flexible tube (thinner than your little finger) with a light at the end. It is passed into the mouth and on down the gullet (oesophagus) and stomach into the duodenum. The procedure may cause a little discomfort and will be performed under sedation (**not** a general anaesthetic). It can take between 10 and 20 minutes, but if it takes longer, you should not worry.

Sometimes it is helpful 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 give treatment for severe pain, this is called a coeliac plexus neurolysis (CPN).

Getting ready for the procedure

Wear loose fitting washable clothing and leave valuables at home.
On arrival, the procedure will be explained 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 may 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.

Ultrasound with sampling slightly raises the risk of haemorrhage and in some cases poses a small risk of infection, an antibiotic may be given to reduce this.

Occasionally CPN temporarily lowers your blood pressure, which may need treatment. Some patients will have diarrhoea and/or a temporary increase in pain.

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. 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 couple of weeks. 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 a PET scan may help.

For more information:

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

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

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassette.
Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。
Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.
Gujarati

تکایە پرسیار بکە ئەگەر ئەو زانیاریەت دەوێ بە زمانێکی تر ، بە پیتی گەورە یانیش بە شێوەی دەنگ
Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔
Urdu

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

Document history

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