

# Endoscopic ultrasound scan

## GI Unit

### Patient Information Leaflet

#### Introduction

This leaflet is for people who are having a procedure called an endoscopic ultrasound scan (EUS). It gives information on what this is, the benefits and risks of it and what happens during the procedure.

#### What is an endoscopic ultrasound scan?

The scan uses an endoscope with an ultrasound probe attached to look inside your gut. An endoscope is a thin, flexible telescope which is about as thick as a little finger.

The endoscope can be passed through the mouth into the food pipe (oesophagus) and down towards the stomach and part of the small bowel (duodenum). The tip of the endoscope contains a light and a tiny camera so the operator can see inside your gut.

When the doctor puts the endoscope into the upper part of the gut, EUS can create pictures of the surrounding structures, not just inside the gut. The ultrasound probe is used to create detailed pictures of the body, including the pancreas, liver, gallbladder and stomach.

You may have already had a gastroscopy – an EUS is very similar to this but takes a little longer.

## **What are the benefits of this test?**

Your hospital consultant has suggested you have this examination to obtain further information on your condition. This will enable us to advise you about possible treatments.

## **What are the risks?**

EUS is a safe procedure and therefore complications are rare. You may notice some discomfort in your throat afterwards, this settles quickly and without treatment. Bleeding after a biopsy may occur but again this is rare.

There is a very small risk of perforation (a tear) to the area undergoing examination, which would require you to be hospitalised for observation. This would mean that you would not be able to eat or drink and would need a drip in order to prevent dehydration. In extreme cases, surgical repair and blood transfusion may be required.

These complications are extremely rare and only happen in about one in 10,000 people.

If you would like more information about this procedure, please contact the GI Unit on 01384 244113 (9am to 5pm, Monday to Friday).

## **What are the alternatives to this procedure?**

Depending on your condition, there may be alternative ways of looking at your oesophagus, stomach, lower bowel and surrounding structures. Please discuss the options with your consultant.

## **What preparation will I need?**

You should not have anything to eat or drink for six hours before the test as you need to have an empty stomach for the procedure. If you are diabetic, please contact the GI Unit on 01384 244113 (9am to 5pm, Monday to Friday) for advice.

## What about my medication?

You can take **essential** tablets such as heart tablets, or painkillers with a sip of water as normal, as long as you can take them on an empty stomach.

### Anticoagulants

If you are taking tablets to thin your blood, such as **warfarin**, **aspirin** or **clopidogrel**, and have not been advised by your doctor on whether to continue or stop taking them before your procedure, please contact the GI Unit for advice on 01384 244113 (9am to 5pm, Monday to Friday).

**If you have a pacemaker, please ring the GI unit as soon as possible** before you come for the procedure. This is because we have to arrange for someone from Cardiology Department to see you at your appointment.

## Will it hurt?

The procedure is not painful but may be a little uncomfortable. Some patients experience a feeling of fullness and may want to burp. This is mainly due to air which is passed into the oesophagus, stomach and duodenum via a channel of the endoscope.

The air is important as it inflates the gut slightly which allows the operator to investigate it thoroughly. Any feelings of bloating or discomfort will quickly pass once the procedure has been completed.

## Preparing for your EUS

We prefer to give our patients two choices of preparation for procedure. Without either of these, you may find the procedure uncomfortable.

The choices are:

- A local anaesthetic spray called Xylocaine to the back of your throat.
- Or an injection of a sedating drug called Midazolam into a vein in your hand or arm.

In making your choice, please read carefully and consider which of the following options will suit you and your personal circumstances. As the procedure takes a little longer than a normal gastroscopy, we advise that you have the sedating drug Midazolam.

If you do not want the sedating drug and only want the local anaesthetic throat spray, the please contact the GI Unit on 01384 244113 (9am to 5pm, Monday to Friday) to discuss this.

### Midazolam – the injection

#### Advantages:

- The injection of this sedating drug relaxes you and makes the procedure more comfortable.
- When you regain full awareness, you will be able to eat and drink normally as soon as you feel able.

#### Disadvantages:

- You may not be able to co-operate during the procedure.
- You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours after the procedure.
- You will need to stay in the recovery area after your procedure. The length of time will vary from half an hour to two hours depending on how you respond to the sedation and how soon you return to your normal self.

- You will need a responsible adult to take you home afterwards by car or go with you in a taxi. A responsible adult will need to stay with you overnight for your safety.
- You may not, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
- The effect of the sedation may be prolonged by other drugs you are taking.

## **Xylocaine – local anaesthetic spray**

### **Advantages:**

- The local anaesthetic spray temporarily numbs normal feelings in your throat to make the procedure more comfortable.
- You will be able to co-operate with the examination.
- Your memory will not be affected for 24 hours afterwards.
- You will be able to return home or go back to work immediately.
- You will not need to be accompanied.
- You will be able to drive and operate machinery straight after the procedure, if you feel well.
- There is no likelihood of interference from other drugs you may be taking.

### **Disadvantages:**

- For one hour afterwards, until the sensation in your throat returns to normal, you should not eat or drink.

## **Safety**

The sedating drug (Midazolam) we use is very safe. There are trained nurses with you at all times who will monitor you during the procedure and in the recovery area afterwards. Oxygen is usually given during the endoscopic ultrasound.

However, overall there are slightly more complications with sedation than the local anaesthetic spray. The risk of complications is also higher in the elderly or those with chronic chest or heart disease. The complications of the sedation are rare but can include:

- feeling or being sick
- small particles of food falling into the lungs and triggering an infection (aspiration pneumonia)

If you are still unclear or worried about the procedure, please contact the GI Unit for further information on 01384 244113 (9am to 5pm, Monday to Friday).

## What happens before the test?

- If you wear dentures (false teeth) or glasses, you will need to remove these before the procedure starts.
- You will be asked to slip off your outdoor shoes and lie on your left side on an examination trolley with your head resting on a pillow.
- An absorbent cover will be placed loosely around your neck to catch any secretions.
- You will be given a local anaesthetic spray or sedation as chosen by you (for more information on this, please read section on 'Preparing for your EUS').
- You will be asked to put a plastic guard between your teeth. This protects your teeth and prevents you from biting the endoscope.

## What happens during the test?

The endoscope will be gently passed through your mouth. You may be asked to swallow to allow the endoscope to pass. The endoscope will move down your food pipe into your stomach and small bowel.

Small tissue samples (biopsies) may be taken if necessary – this should not hurt. Once a full inspection has been carried out, the endoscope will be gently removed.

## How long does it take?

The procedure usually takes 30 to 45 minutes to complete.

## Aftercare

When the procedure has been completed you will be given aftercare information before you leave the department.

## When will I get the results of my EUS?

Before you go home you will be told the results of your procedure. If tissue samples (biopsies) are taken, they will be sent to the hospital laboratory to be analysed. The results usually take several days to process. You will be informed of the results either by post or at a clinic appointment.

## Who is treating me?

Your procedure will be carried out by a trained endoscopist. Within the GI Unit we have fully trained consultants, surgeons and nurse practitioners.

## Should I ask questions?

We want you to be fully informed at all times so you should always ask any questions you may have. The person you ask will do his/her best to answer your questions. If they do not know, they will find someone else who is able to discuss your concerns.

## Is there anything I should tell people?

If there is any procedure you **do not** want to happen, you should tell the people who are treating you. It is also important for them to know about any illnesses or allergies which you have suffered from in the past.

Remember to tell the team about anything that concerns you or anything which might affect your general health.

## Consent for procedure

You will need to give your permission before the endoscopist examines you.

As part of your treatment some kind of photographic record may be made, for example, clinical photographs or recordings. You will be told if this is likely to happen. The photographs or recordings will be kept with your notes and will be held in confidence as part of your medical records. This means that they will normally be seen only by those involved in providing you with care or those who need to check the quality of care you have received.

The use of photographs is extremely important for other NHS work such as teaching or medical research. However, we will not use yours in a way that allows your identity to be recognised without your permission.

You will be asked to sign a consent form once the procedure has been discussed with you. Health professionals must ensure that you know enough about the procedure beforehand, and that you are fully aware of the benefits and risks of the procedure.

Once the consent form is completed, you will be given a copy to keep. If you later change your mind, you can withdraw your consent after you have signed it.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit on 01384 244113 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/gastroenterology/>

If you have any feedback on this patient information leaflet, please email [patient.information@dgh.nhs.uk](mailto:patient.information@dgh.nhs.uk)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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