



**The Leeds
Teaching Hospitals**
NHS Trust

Endoscopy Unit

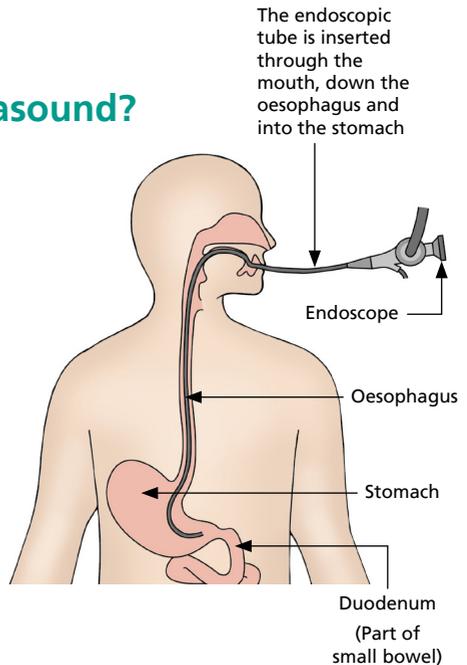
Having an Endoscopic Ultrasound (EUS)

Information for
patients

Your doctor has recommended that you have an **Endoscopic Ultrasound**. This leaflet will explain the procedure and what to expect on the day of your test. If you have further questions, please telephone the department or discuss them with a member of staff on the day of your procedure

What is an Endoscopic Ultrasound?

An endoscopic ultrasound (EUS) is a test similar to a gastroscopy which you may have already had. During the test, a tube similar to the camera passed during a gastroscopy is passed into your oesophagus (gullet) and stomach. The tube has a small ultrasound scanner and balloon at the tip, which allows us to get a detailed scan of different areas. The test takes 30 minutes but may be longer if tissue samples are taken. You can expect to be in the Endoscopy Unit about 1½ - 3 hours.



Why am I having an Endoscopic Ultrasound?

An Endoscopic Ultrasound allows us to obtain images and information about the digestive tract (gullet and stomach, duodenum), and the surrounding tissues and organs; for example, your bile duct or pancreas.

What are the benefits to having an Endoscopic Ultrasound?

Endoscopic Ultrasound is the most accurate way of diagnosing and assessing certain conditions relating to the oesophagus, stomach and pancreas. The information gained during your test will assist your doctor in deciding the best treatment for you. If you prefer not to have this investigation, we advise you to discuss the implications with your doctor.

What are the alternatives to having an Endoscopic Ultrasound?

The alternatives depend on the reason for performing the test but usually endoscopic ultrasound is complimentary to other tests that you may have already had such as a CT scan.

What are the risks of having an Endoscopic Ultrasound?

The risks associated with your test are detailed on your consent form and below. **PLEASE READ THIS.** If you have any questions, speak to the nurse or endoscopist on the day, or alternatively, ring the Endoscopy Unit. Complications are rare but it is important that you are aware of them before the test begins. As with any medical procedure, the risk must be compared to the benefit of having the procedure carried out.

- Having an endoscopic ultrasound carries a small risk of bleeding or making a hole in the digestive system (perforation). Although this is a serious complication for which surgery may be necessary, it is very uncommon.
- Using sedation can affect your breathing. To reduce this risk, we monitor your pulse and oxygen level. The risk may be higher in patients with heart disease and breathing problems such as Asthma and Chronic Obstructive Pulmonary Disease (COPD).
- Despite sedation, some patients can experience abdominal discomfort or bloating during the procedure. If this persists at home or you have signs of bleeding such as black tarry stools, you should contact the Endoscopy Unit. Before you go home, you will be given an information leaflet that will advise you what to do if you have problems after your discharge.
- A sore throat after the examination is common and should resolve after 24 hours.
- Other rare complications include an infection, damage to loose teeth, crowns or to dental bridgework.

What preparation will I need?

Endoscopic Ultrasound **must** be performed on an empty stomach, your appointment letter will tell you when you will need to stop eating and drinking.

Do I keep taking my tablets?

You must keep taking any essential tablets **unless your doctor tells you specifically not to**. Please take your tablets early morning with a sip of water for a morning appointment. If you have an afternoon appointment, please take your medicine at least 4 hours before your appointment or leave it until after your test.

Please telephone the Endoscopy Unit if you are **diabetic**, have **sleep apnoea** or are taking tablets that prevent blood clots. Examples of blood thinning tablets are Warfarin, Dabigatran, Edoxaban, Apixaban, Rivaroxaban, Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin), Prasugrel (Efient), Tigrator (Brillique) or Acenocoumarol (Sinthrome).

What should I bring on the day?

Please bring a list of medication that you take and also any medication that you may require whilst in the department such as GTN spray, inhalers and insulin. Please **don't** bring valuables to the department or wear lots of jewellery. Please can you also ensure that you **remove nail varnish** as this interferes with the signal we receive from our monitors about your oxygen levels.

Will I be asleep for my endoscopic ultrasound?

Endoscopic ultrasound is normally carried out under sedation. Sedation is not a general anaesthetic and will not put you to sleep; however, it may make you feel relaxed and possibly, a little drowsy. After the test, you will have to rest in the recovery area so we can monitor your recovery from the sedative, this can take 1 - 3 hours. **You MUST bring someone with you and also go home in a car / taxi, not on public transport**, as you may be unsteady on your feet due to the sedation. You **must** also have someone at home to care for you for 24 hours and must rest indoors. This means no work, no driving, no alcohol and you shouldn't operate machinery.

Sedation will **not** be given if the above are not arranged, before the start of the test. Please contact the Endoscopy Unit if you are unable to make these arrangements.

What will happen on the day of the test?

When you arrive at reception in the Endoscopy Unit, your personal details will be checked. The assessment nurse will collect you and take your medical history, discuss and explain the test, and take your blood pressure and pulse. You will be able to ask any questions and discuss any worries or questions that you have about the test. You will be asked for your consent form (supplied with this leaflet). This will be attached to your notes and taken to the procedure room. Please make sure that you have read this through before you come for your test as when you sign this form you are agreeing that this is a test you want - **remember**, you can change your mind about having this procedure at any time. The endoscopist will discuss the consent form with you.

Please note: every effort will be made to see you at your appointment time; however, due to hospital inpatient emergencies delays may occur. The endoscopy staff will keep you informed of any delays.

What happens in the procedure room?

You will be greeted by two nurses who will remain with you during the test. The nurses and the endoscopist will complete a checklist to ensure all your information is correct. You will then be asked to sit on a bed so that the doctor can place a cannula in your vein, so that sedation can be administered. The doctor will then spray the back of your throat with local anaesthetic so that it feels numb. You will then be asked to remove any dentures or glasses and lay on a trolley on your left-hand side. The nurse will give you some oxygen through a small plastic tube in your nose. Your pulse and oxygen levels will be monitored by a probe placed on your finger during the test. Before the test starts, a plastic mouthpiece is placed between your teeth to keep your mouth slightly open.

When the endoscopist gently passes the endoscope through your mouth, you may gag slightly - this is quite normal and will not interfere with your breathing. During the procedure, air is put into your stomach so the endoscopist can have a clear view. This can make you burp a little, some people find this uncomfortable. Most of the air is removed at the end of the test. Any saliva or other secretions produced during the procedure will be removed using a small suction tube, like the one used at the dentist. When the procedure is finished, the endoscope is removed quickly and easily. If you become very uncomfortable, the procedure will be stopped.

Please note: all hospitals in the Trust are teaching hospitals and it may be that a doctor training to do endoscopic ultrasound performs your procedure under the direct supervision of a consultant. Student nurses or doctors may also be present during your procedure to observe the test. If you do not wish students to be present, please inform the endoscopist.

What happens after the test?

You will be transferred to the recovery room after the test. The recovery nurse will monitor you during your recovery from sedation, this can take 1 - 3 hours.

Remember: if you are going home, you will need an escort with you, transport home and someone to look after you for 24 hours after the test. You must not:

- drive a vehicle;
- drink alcohol;
- operate machinery;
- sign legal documents; and
- go to work.

The recovery nurse will prepare you for discharge home and give you aftercare instructions. You may experience a sore throat and feel bloated due to the air left in your stomach. Both sensations are normal and should clear up quickly by themselves.

When will I get my results?

A full report will be sent to your referring doctor. The results of this test need to be combined with the results of other tests you may have had and, therefore, the report will be sent to your consultant who will be fully aware of all your other examinations.

This leaflet has been designed as general guide to your test. If after reading this, you have any questions that you feel have not been answered, please contact the Endoscopy department on the number below.

Administration team: for any enquiry about your appointment including cancellation. Also, contact this number if you require an interpreter or transport.

Telephone: **0113 2068779**

Monday - Friday, 9.00 am to 4.00 pm



What did you think of your care?

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Developed by: Julie Bowen, Nurse Endoscopist

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