



**The Leeds
Teaching Hospitals**
NHS Trust

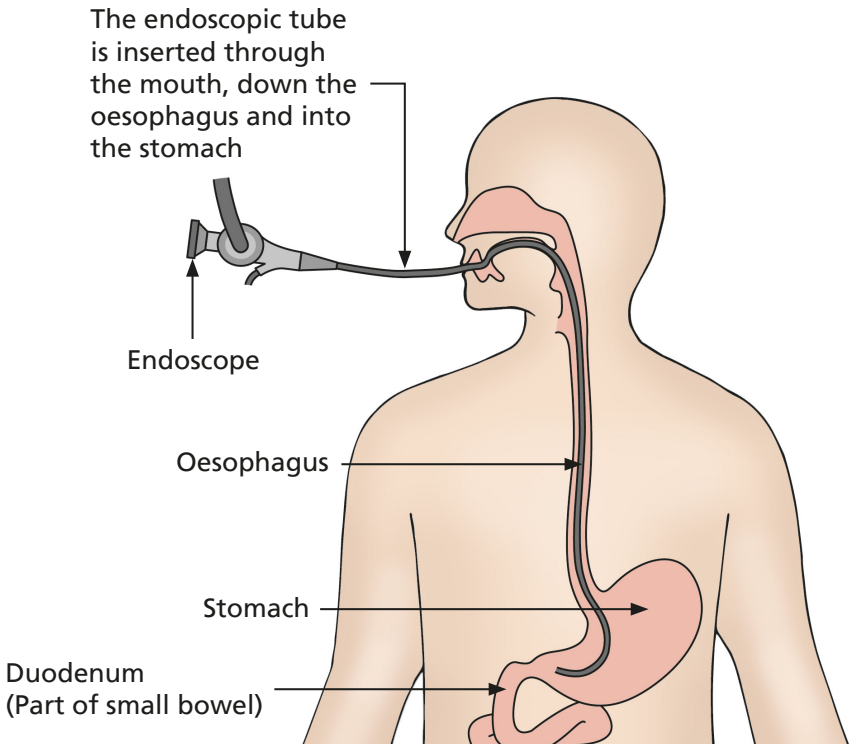
Endoscopy Unit

Having an EUS and FNAB

Information for
patients

Your doctor has recommended that you have an **Endoscopic Ultrasound** with possible Fine Needle Aspiration / Biopsy (FNAB). 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 biopsies (small tissue / fluid samples) are taken. You can expect to be in the Endoscopy Unit about 2 - 4 hours.

What is a Fine Needle Aspiration / Biopsy (FNAB)?

Sometimes, during the procedure, the doctor will want to obtain more tissue (biopsy) or fluid samples (aspiration) to help with your diagnosis and / or treatment. This involves passing a very narrow needle through the endoscope to obtain samples from hard to reach areas such as the pancreas. A fine needle aspiration / biopsy (FNAB) takes longer than a standard EUS, sometimes, up to 1 hour. You will also need to remain in the recovery room for 2 hours after your procedure for observation.

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?

Endoscopic Ultrasound is generally a safe procedure; complications are rare but can occur. The risks associated with your test are detailed on your consent form and below. **Please read this.** You should be aware of the risks before you sign the consent form. If you have any questions, speak to the nurse or endoscopist on the day of your test, or alternatively, ring the Endoscopy Unit. As with any medical procedure, the risk must be compared to the benefit of having the procedure carried out.

Common side-effects are:

- A sore throat after the examination is common and should resolve after 24 hours.
- Abdominal discomfort or bloating during the procedure.
- Minor bleeding.

More serious, but rare complications

- Making a hole in the digestive system (perforation). If this did happen, you may require an operation.
- Causing an infection or pancreatitis (if FNA biopsy of the pancreas is performed), sometimes, antibiotics are given during the procedure for this.
- Using sedation can affect your breathing. To reduce this risk, we monitor your pulse and oxygen level.
- 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. If you have any questions about your medication or if you are **diabetic**, have **sleep apnoea** or are taking tablets that prevent blood clots.

Examples of blood thinning tablets include: Warfarin, Dabigatran, Apixaban, Edoxaban, Rivaroxaban, Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin), Prasugrel (Efient), Ticagrelor (Brilligie) or Acenocoumarol (Sinthrome). Please contact the nursing team on the number at the end of this booklet.

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 **do not** 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 test. If you are unable to organise this, please contact the Endoscopy Unit for advice.

There are known adverse effects from the intravenous drugs administered during the procedure, ranging from mild and common to rare and serious. These include: headaches, nausea, fainting, depression of respiratory and nervous system, which may result in aspiration pneumonia, anaphylaxis and coma. Although these serious complications are rare, they are common in patients with deeper sedation and / or general anaesthesia.

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 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 before your test.

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. A cannula will be placed in your vein so that sedation can be administered and you will be given oxygen through a small plastic tube in your nose. If you are having throat spray, your throat will be numbed. You will then be asked to remove any dentures or glasses and lay on a trolley on your left-hand side. All patients pulse and oxygen levels are 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. 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 or withdraw consent, 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, prepare you for discharge and give you aftercare instructions. this can take 2 - 3 hours.

Remember: if you have sedation, 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;
- go to work; and
- sign legal documents.

These apply to sedated patients only.

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 a 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 numbers on page 11.

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

Telephone: **0113 3920692**

Monday - Friday, 9.00 am - 4.00 pm

Nursing Team: please contact this number if you would like advice on your medication, or any other medical question or worry.

Telephone: **0113 3922585**

Monday - Friday, 9.00 am - 4.00 pm



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