

### Having a EUS

If you have any questions prior to your procedure please ring on 0207-460-5605

#### *Before you arrive*

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It is essential that you have nothing to eat for 6 hours and only clear fluids up until 2 hour before the procedure.

If you are taking any blood thinning tablets (clopidogrel, warfarin) please consult your doctor or ring the Endoscopy department for advice

Unless you have been advised otherwise you should take your usual medicines normally (with a few sips of water)

#### *Consent*

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The Consultant must by law obtain your consent to treatment beforehand. He will explain all the risks involved, benefits and alternatives before asking you to sign a consent form.

#### *What is an EUS?*

Endoscopic Ultrasound is a procedure that looks at your digestive system from the inside using a flexible telescope with a light source and camera built into the tip. It can be done either through your mouth (upper endoscopy), or through the rectum (lower endoscopy). Endoscopic ultrasound is an extension of these techniques.

A tiny ultrasound transmitter in the tip of the endoscope produces images of the tissues outside the intestine (through reflections of sound, like radar). The principle is the same as regular ultrasound scanning, but EUS provides greater detail since the instrument can get very close to the places of interest, and allow samples to be taken.

#### *Sedation:*

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This will be given to you through a small plastic tube (cannula) in a vein on the back of your hand. This is not as strong as the general anaesthetic but will make you feel more calm and relaxed.. If you have sedation you will need to rest for about an hour before you can go home. Once you are fully awake, you will be able to have something to eat and drink.

**Following sedation, a relative or friend must accompany you home.** You will need to organise to go by a car with someone else driving as you shouldn't use public transport. You will also need to arrange for someone to stay with you overnight. Please make sure that you will have access to telephone when you return home. If you haven't been able to make these arrangements, you should speak to endoscopy staff.

## *Preparing for your EUS*

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It is important that you do not have anything to eat or drink for six hours before your appointment. Having an empty stomach reduces the risk of contents coming up during upper endoscopic ultrasound. If the EUS involves the rectum, you will be sent instructions with this booklet about how to prepare the bowel.

If you are suffering from a heavy cold, sore throat or chest infection, it may be advisable to postpone your procedure until you are feeling better. Please contact your GP or the Endoscopy Department to seek advice.

Please ensure that a responsible adult is available to collect you after your EUS and stay with you for at least 12 hours. Bring their contact details to your appointment. Remember you will not be able to drive or work for 24 hours after sedation

## *About your procedure*

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When you enter the procedure room you will be asked to sit upright on a trolley. A probe will be placed on your finger so that your pulse and oxygen levels can be monitored throughout the procedure. If you have any dentures or plates we will ask you to remove them at this point and keep them safe with the rest of your belongings.

To help you swallow the endoscope, the back of your throat will be sprayed with local anaesthetic. This can taste a little unpleasant and will numb your throat. We will then ask you to lie on your left side. If you find this difficult please let the nurse know and the staff will assist you. A plastic mouth guard will be put in place to protect you and keep your mouth slightly open.

The sedative and an analgesic (pain-killer) will then be injected via the cannula in your hand or arm. This will make you feel drowsy, relaxed and will reduce your awareness of time.

The endoscopist will then insert the endoscope. When the endoscopist passes the tube over the back of your tongue it is important to stay calm. It may cause you to gag, but this will subside. It should not cause you any pain or stop you being able to breathe. Listen to the nurse and focus on your breathing. You can breathe through your mouth and nose as you wish.

As the endoscope is passed down through the oesophagus and into the stomach, the endoscopist will need to blow some air in so that he or she can get a clear view of the lining. This may make you feel bloated but it will pass

## *After your procedure*

After the procedure you will rest for about an hour, As you will have had sedation during the test, a relative or friend must accompany you home. You'll need to organise to go by car with someone else driving, as you shouldn't use public transport. You'll also need to arrange for someone to stay with you overnight. Please make sure that you will have access to a telephone when you return home. If you haven't been able to make these arrangements, you should speak to the Endoscopy unit nursing staff.

## *Getting your results*

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In many cases, the results are available immediately after the examination. However, biopsy results may take five to seven days. You can talk to your Consultant about the results and any necessary treatment at your next appointment.

## *Some frequently asked questions*

### *Can I bring someone with me?*

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We encourage escorts to drop you off at the department and nursing staff will phone your escort when you are ready to be discharged home, if you need to have someone with you. This is due to limitations of space in the department. If you feel you need someone to remain with you throughout your admission, this will be accommodated.

**Please note that we do not have facilities in the unit for babies and children.**

### *Do I need to bring anything with me?*

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It would be helpful if you could bring a list of the medicines that you take or bring in the medicines, as these will need to be noted in your records.

### *How are the scopes cleaned?*

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After each use they are thoroughly cleaned, disinfected and sterilised. The hospital cleans and disinfects all scopes according to national standards set by the British Society of Gastroenterology.

### *What if I need a translator?*

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If you need help with translation, there are always translators available who speak Arabic – if you require a different language – please let us know and we can arrange this.

### *Are there any risks associated with this procedure?*

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Upper gastrointestinal endoscopy as invasive investigations and because of that it has the possibility of associated complications. These occur extremely infrequently, we would wish to draw your attention to them. The risks can be associated with the procedure itself and with the administration of the sedation.

- Miss rates: We cannot guarantee that we will spot everything there is to be seen. We will of course be as thorough as possible and it is unlikely that we would miss anything significant.
- Inadequate sample: In some cases it may not be possible to obtain a sample from the area of interest. Every effort will be made to do so, using the ultrasound imaging as a guide.
- perforation or tear of the linings of the stomach or oesophagus which could entail you being admitted to hospital. Although perforation generally requires surgery to repair the hole.
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**If you have any questions or need further information, please contact the Endoscopy unit:**

Tel: 020 7460 5605

Fax: 020 7460 2438

The unit is open from 8.00am to 6.00pm, Monday to Friday.

[www.cromwellhospital.com](http://www.cromwellhospital.com)

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