



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید.

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

## Having an Endoscopic Ultrasound (EUS) Endoscopy Unit

---

### **Further Information**

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

---

**Author:** Anne Hartnett

**Department:** Endoscopy

**Version:** 1

**Published:** Jan 2012

**Review:** Jan 2014

## **FURTHER INFORMATION**

### **St. Peter's Hospital**

Patients can ring the Endoscopy Unit on **01932 722 037**, Monday to Friday between the hours of 08.00 and 18.00.

### **Ashford Hospital**

Patients can ring the Endoscopy secretary on **01932 723 851** or Day Surgery on **01784 884127**. Monday to Friday between the hours of 08.00 and 18.00.

## **Having an Endoscopic Ultrasound (EUS)**

You have been advised to have an endoscopic ultrasound to help with your diagnosis. The test is often abbreviated to EUS. It is very similar to a standard gastroscopy (OGD) but it also has an ultrasound probe built into it that allows detailed ultrasound images to be taken of the wall of the gut and structures adjacent to it.

### **WHY DO I NEED AN EUS?**

There are potentially lots of reasons for wanting to do an EUS. It is extremely good at showing the fine detail and depth of polyps and other abnormal areas within the oesophagus, stomach and duodenum. Sometimes this helps to plan surgery or other treatments. It can also be used to take biopsies or fine-needle aspirates (FNA) of surrounding glands, or from adjacent organs such as the pancreas. Sometimes it can be used to drain cysts or administer nerve blocks for pain relief.

### **CAN THESE CONDITIONS BE DIAGNOSED ANY OTHER WAY?**

CT, MRI and PET scans can help in some matters, but EUS is the most accurate way of diagnosing many conditions affecting the oesophagus, stomach and duodenum.

### **WHO WILL CARRY OUT THE EUS?**

An experienced endoscopist (person carrying out the procedure) will carry out most EUS's. Sometimes, however, the test may be

carried out by an endoscopist who is learning, under the close supervision of the experienced endoscopist.

The name of the doctor who will have overall responsibility for your test is:

Dr / Mr .....

Consultant Gastroenterologist / Surgeon

### **HOW WILL THE EUS BE CARRIED OUT?**

The test is carried out in private, in our special endoscopy room. There will be an experienced nurse with you at all times.

You will lie on your left-hand side and a small probe will be placed on your finger that will display your pulse rate and body oxygen levels on a screen throughout the test.

You will be given sedative medication through a small cannula placed in a vein.

A small plastic mouth guard will be placed gently between your teeth to help you keep your mouth slightly open and make it easier for the endoscopist to pass the endoscope (camera), which is no bigger than the tip of your finger.

The endoscopist will start the test by placing the lubricated endoscope into your mouth. He/she will ask you to swallow and the endoscope will pass down the back of your throat into your oesophagus. You will feel some gentle pushing as the endoscopist moves the endoscope from the oesophagus into your stomach and duodenum. There may be a slight gagging sensation which is normal and will not interfere with your breathing. You may feel some air being put inside you, this is necessary for the

- Your dental details, as there is a small risk of any loose/crowned teeth being damaged. If you wear dentures we will ask you to remove them.
- If you are taking Warfarin or other blood thinning tablets you may need to stop the tablet a few days before and have an INR test before the procedure (For more information please ring the anti-coagulant clinic on 01932 72 2945)
- People with diabetes should contact the diabetic nurse specialist on 01932 72 3315.
- If you have any queries about the procedure please contact endoscopy unit on 01932722747 or 01932722231 to speak with the nurses between the hours of 0800 and 1800
- If you find that you cannot keep the appointment please contact the booking coordinator on 01932722037 or 01932723801 between the hours of 0800 and 1800

Unless otherwise stated, the required information will be taken from you on the day of your appointment.

### **WHEN CAN I RETURN TO WORK?**

You should be well enough to return to work after 24 hours.

If, however, samples have been sent to the laboratory, these results will not be available straight away but will be made available to your referring doctor to give to you. A copy of the EUS report will be sent to your GP on the day of your test to allow for any recommended treatment to start early.

### **WILL I BE FOLLOWED UP AFTER THE TEST?**

The doctor who carries out the EUS may suggest an outpatient appointment for you to be seen by himself, a member of his team, or your referring consultant.

### **CAN I SEEK A SECOND OPINION?**

Yes. If you are not happy with the result, treatment or advice, you have the right to seek a second opinion.

### **TO ALLOW US TO PREVENT FORESEEABLE COMPLICATIONS WE WILL NEED TO KNOW:**

- What medications you are currently taking, as some of these may affect the action of the sedation. The level of sedation may also be affected if you are a heavy alcohol drinker.
- You should tell us about allergies that you may have to medicines/plasters/**latex**. We will avoid using anything to which we know you are allergic. If you know you have an allergy to **latex** you should inform us at least a week before the date of your appointment, so that we can make the necessary arrangements.

endoscopist to have a good view. This air will be removed at the end of the test.

The endoscopist may decide to take one or more samples of the lining of your oesophagus/stomach/duodenum for laboratory testing. The samples will be no bigger than the size of a pinhead and will not cause you any pain. Occasionally, other samples may be taken by a special needle under ultrasound guidance of deeper glands or cysts. Photographs may be taken of your oesophagus, stomach and duodenum; these will be filed with the EUS report in your clinical notes.

The EUS may take 20 minutes or longer from start to finish and further top-up doses of sedative medication may be given during that time.

### **WHAT HAPPENS AFTER THE EUS?**

You will need to stay on the Endoscopy Unit for about 1 hour afterwards to allow for a good recovery. You will be discharged home when the nurses looking after you feel that you are well enough to go.

### **DO I HAVE TO BE ASLEEP TO HAVE THE OGD?**

Yes Although it is possible to have a standard endoscopy (gastroscopy) without sedation, the longer nature of the EUS procedure makes it essential to have sedation.

## WHAT IS SEDATION?

Sedation is a medication given through a needle placed in a vein in your arm or hand to make you feel sleepy and relaxed. It will make you less aware of your surroundings.

## WHAT PREPARATION DO I HAVE TO MAKE?

You will need to stop eating 6 hours before your appointment time.

Please stop drinking anything other than water at this time too, but you may take sips of water up until 4 hours before your appointment time.

You **MUST** make arrangements to have a reliable adult to collect you from the Endoscopy Unit and accompany you home safely.

You **MUST** make arrangements to have someone stay with you overnight. This is because sedation makes you very forgetful and it stays in your blood stream for up to 24 hours.

## ARE THERE ANY OTHER RESTRICTIONS?

Following your procedure you will be able to drink as soon as the throat spray wears off after the test, normally 30 minutes. Following sedation, the following restrictions apply for 24 hours after the test:

- You **MUST NOT** drive
- You **SHOULD NOT** handle heavy machinery or hot appliances, sign legal documents, drink alcohol or look after children or others who are dependant upon you.

After having sedation, you are advised to go home and take things easy as the sedation may stay in your blood stream and continue to make you feel light headed.

## ARE THERE ANY RISKS/COMPLICATIONS?

Very rarely the sedation can affect your breathing. Should this happen, we will give you a medicine to reverse the effect.

After an EUS, you may have a sore throat for a day or so. Drink plenty of fluids to help ease this. Due to the air that is put inside you during the test, you may feel some bloating or discomfort but that will gradually ease off.

Diagnostic endoscopic ultrasound procedures carry a very small risk (1 in 10,000 cases) of haemorrhage (bleeding), or perforation (tear) of the gut. In such an event it would be necessary for you to be kept in hospital for further observation and treatment which may include surgery.

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.

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 antibiotic treatment.

## WHEN WILL I KNOW THE RESULT?

We will be able to tell you what the doctor has seen before you leave the Unit. You will normally receive a copy of the typed report before you leave.