



Information for  
patients and  
carers

## Having an Endoscopic Ultrasound

## What is Endoscopic Ultrasound (EUS)?

This is a test that allows a doctor to examine the lining and layers of the upper gastrointestinal tract which includes the oesophagus (gullet), stomach and duodenum (the start of the small intestine) and the surrounding areas and organs such as the pancreas and gallbladder. It involves passing a small flexible camera with an ultrasound probe at the tip, down your oesophagus, into the stomach and duodenum.

## Why do I need an Endoscopic Ultrasound?

The test is used to further investigate the cause of your oesophageal, stomach, or duodenal symptoms. It is also carried out to investigate problems in the gall bladder, bile ducts, pancreas, nearby tissues and blood vessels.

Some of the reasons for needing the test include:

- To identify and evaluate the size/ nature of abnormal areas/lesions
- To identify gallstones
- To examine glands
- To obtain a specimen of tissue or fluid (fine needle aspiration)
- To provide further information about whether you need surgery

Frequently, tissue samples (biopsies) will be taken during the test. This is done by using the ultrasound image to view abnormal tissues and passing a long needle through the endoscope (fine needle aspiration or fine needle biopsy).

## What are the risks of having an Endoscopic Ultrasound?

The main risk of this procedure is making a small tear (perforation) to the lining of the oesophagus, stomach or duodenum (1 in every 2,000 procedures). An operation may be required to repair the perforation.

It is not unusual to have a sore throat for a short time following the procedure for up to 24 hours.

If biopsies are taken, the risk of complication can increase, and they can cause bleeding, infection, or perforation, however, any complications are rare. In the event of any of these complications happening, you may need to stay in hospital for a short while, or rarely need surgery. A trained nurse will monitor you to ensure that any problems related to sedation including reduced breathing rate or reduced oxygen levels in the blood are quickly recognised and treated.

## What are the alternatives to having an Endoscopic Ultrasound?

At present the only alternative to having biopsies taken using endoscopic ultrasound would be surgery.

## Will I find the procedure uncomfortable?

You may find the procedure unpleasant, however a trained nurse will be talking to you throughout and will reassure you and explain what is happening during each stage of the procedure.

## What do I need to do before I have an Endoscopic Ultrasound?

- To make sure that your stomach is empty it is important NOT to eat for 6 hours before your appointment time. You may drink

clear fluids, but these must be stopped 2 hours before your appointment time. Any tea or coffee must be **without milk**

- If you are diabetic, please read the enclosed leaflet
- If you are taking Warfarin, Clopidogrel, Sinthron, Rivaroxaban, Dabigatran, Apixaban, Edoxaban, Prasugrel or Ticagrelor please ring 01772 524404 for further information
- Bring an up-to-date list of medications and allergies
- If you would like sedation you will need to arrange for someone to collect you from the Endoscopy department and stay with you for the next 24 hours
- Remove nail polish and false nails
- Bring your Consent form (read it but please do not sign it)
- Do not bring valuables or jewellery into the department. We cannot be held responsible for any loss or damage
- Please let us know in advance of your appointment date if an interpreter or sign guide would be needed on the day of the test.  
**Family members cannot interpret for you**
- If biopsies are planned, you will need a blood test the day before your procedure

## What happens when I arrive on the unit?

- When you arrive, please book in at reception
- You may experience a wait before being called by one of the nurses
- The nurse will take you into a private booking in room to explain the procedure to you, complete the paperwork and you will have the opportunity to ask any questions

- You will be asked to sign the consent form that shows that you understand the test and the risks involved
- The nurse will insert a small cannula into a vein in your hand or arm for sedation. The sedation will be given through this when you are in the procedure room
- You will wait in reception until the doctor is ready to carry out your procedure

## **Is there any medication that will make me feel more relaxed about the procedure?**

Sedation can be injected into your vein through a cannula.

The sedation will make you feel drowsy and relaxed, but the sedation will not make you unconscious. You will be in a state called 'conscious sedation' which means that you will still hear what is said to you and will be able to follow simple instructions during the procedure.

Pain relief will also be injected through the cannula before the procedure starts. Sedation makes it unlikely that you will remember the procedure.

When the procedure has ended, you will be taken to the recovery area, where it will be at the discretion of the consultant how long they would like you to be observed before discharge.

## **What happens during the procedure?**

When you enter the room, the doctor will speak to you about your symptoms and what to expect during the test.

Throat spray will be sprayed onto the back of your throat; this has a strong taste. You will then be asked to lie down on the trolley on your

left side. A monitor will be placed on your finger to measure your pulse and oxygen levels.

For your comfort and reassurance, a trained nurse will be with you throughout the procedure. If you have requested sedation this will be given before the procedure starts.

A mouth guard will be placed in between your teeth (if you wear dentures these will first need to be removed). The scope will be passed over the back of your tongue; you will be asked to swallow, and the scope will pass down your throat. You will feel full in your stomach as air is put in; when the procedure is over this air will be removed by the scope. If saliva gathers in your mouth, the nurse will use a small suction tube to remove this (like at the dentist).

When the procedure is complete, the mouth guard will be removed, and you will be taken to recovery.

## What happens after the procedure?

You will be taken to the recovery area after the procedure for further monitoring for up to 2 hours if you have had biopsies taken and until the effects of sedation have diminished.

You should not eat or drink for one hour after the throat spray has been given.

## Going home

Please remember that if you have had sedation, it is important that someone comes to collect you from the department and stays with you for the next 24 hours. If this is not possible, please contact the reception staff before your appointment date and let us know. **Hospital transport cannot be responsible for taking you home on your own.**

When you arrive home, it is advisable to recover quietly for the rest of the day. You will be able to eat and drink normally. If you have had

sedation, you must not drive, drink alcohol, operate machinery or sign legal documents for 24 hours.

## Frequently asked questions

### **How many people will be in the procedure room?**

The Endoscopist along with one or two trained nurses and a healthcare assistant will be in the room. There may also be a medical student and/or a student nurse if they are on placement in the Endoscopy Unit. There may also be a consultant supervising the Endoscopist.

### **How long will I be in the unit?**

You can expect to be on the unit for between 2 – 4 hours of your appointment time. The procedure can take from 60-90 minutes. If you have sedation, you will be in recovery for a minimum of 60 minutes after the procedure.

### **Are there any limitations to EUS?**

It may be necessary to carry out more tests if the findings of this test are unclear. This is unusual and most EUS tests do provide adequate information.

### **When will I get my results?**

On discharge the nurse will explain what has happened during the procedure. The report will be sent to your Consultant and GP, biopsies take up to 6-8 weeks, you will be contacted when these are available.

## Checklist

- Confirm the appointment by telephoning 01772 522034 between 09:00 and 17:00

- Stop eating 6 hours before your appointment time
- Drink only clear fluids for up to 2 hours before your appointment time
- Take up-to-date list of medications
- Arrange for someone to accompany you home and stay with you for 24 hours if you want sedation
- Bring the Consent form but please do not sign it
- Write down any questions / concerns
- Contact the Endoscopy Department prior to your appointment date if an interpreter (including sign language) is required.  
**Family members cannot be used as interpreters.**

## Contact details

Should you require further advice or information please contact

**Endoscopy - Preston 01772 524958** (08:00 – 18:00 Monday – Friday)

**Endoscopy - Chorley 01257 245649** (08:00 – 18:00 Monday – Friday)

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

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

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.gutscharity.org.uk](http://www.gutscharity.org.uk)

**Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.**

All our patient information leaflets are available on our website for patients to access and download:

[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

**Gujarati:**

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

**Romanian:**

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

**Polish:**

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

**Punjabi:**

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

**Urdu:**

دوسری زبانوں اور ریڈنگ اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو  
یہی چھپاؤ میں یہی ابی دست ہو سکت ہے براے مہر بیان پوے جی جی۔ معلومات

**Arabic:**

مطبوعه بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يرجى أن تطلب  
أخرى يمكن أن توفر هذه المعلومات

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