What is an Upper Endoluminal Ultrasound (EUS) and why do I need this procedure?
You have been advised to have an Upper Endoluminal Ultrasound (EUS). This is a technique to examine the gastrointestinal tract using a flexible tube (endoscope). The endoscope is a thin flexible tube with a bright light on the end, which is passed through your mouth and down into the stomach.

Ultrasound waves are used to visualise the gut wall and structures deeper in the chest and abdomen. The doctor will be able to look for any abnormalities which may be present.

Your doctor may have requested a Fine Needle Aspiration (FNA) or Trucut biopsy is taken during the procedure. If this is the case, you will need to have a blood test before the procedure to check that your blood is clotting properly.

Getting ready for the procedure
To allow a clear view the stomach must be empty. You will therefore be asked not to have anything to eat for at least 6 hours before the procedure. You may have a small amount of fluid up to 2 hours before your appointment time.

If you are taking Warfarin, Clopidogrel or any other blood thinning drugs it is important that you let the Endoscopy Unit know before the procedure, as special arrangements may need to be made to stop this for a few days.

You will not have to undress but must remove dentures, contact lenses and glasses. Please do not wear false nails or nail varnish. Please do not bring any valuables to hospital with you.

Please expect to remain in the unit for up to 3 hours. Sometimes we may have to attend emergencies who must take priority. You may wish to bring a newspaper or book with you to read.

If you have any worries or questions at this stage don’t be afraid to ask. The staff will want you to be as relaxed as possible for the procedure and will not mind answering your queries.

Can I have sedation for this procedure?
You will have an injection to make them sleepy and relaxed during the examination.

If you have a sedative injection, you must not drive or go home by public transport. Therefore, you must make arrangements for someone to collect you. It is not appropriate to go home unaccompanied in a taxi. Please note: hospital transport and ambulances are not normally available for day patients.

You will need a responsible adult at home with you for 24 hours, especially if you are an elderly or disabled person.
What are the risks, consequences and alternatives associated with having an endoscopy?
Most procedures are straightforward however there is a small chance of side-effects or complications such as:

- Any loose teeth would be damaged.
- If your stomach is not empty, you could vomit and inhale the vomit into your lungs causing pneumonia.
- Bleeding inside - this can be controlled by applying an electrical current or drugs to the blood vessels.
- A hole being made in the gullet - if this happens you would be kept in hospital and might need an operation.
- A reaction to the drugs we give you, which could cause heart or breathing problems.

The possibility of complications is greater when the endoscope is used to apply treatment.

Please be reassured that all our staff are highly trained and are able to deal with any situation which may arise.

Your consultant has recommended this procedure as being the best option. There are no alternative procedures available. There is always the option of not receiving any treatment at all. However, the consequence of this is that your doctor would have less information available, to help him decide on the best treatment for you. If you would like more information please speak to your consultant or one of the nurses caring for you.

What happens during the procedure?
On arrival at the Endoscopy Unit the receptionist will check your details. When you come to the Unit a nurse will explain the procedure to you in detail. You will also be seen by the doctor. The doctor will ask you to sign a consent form to make sure that you understand the procedure and its implications.

Please tell the doctor or nurse if you have any allergies or have had bad reactions to drugs or other tests. In the examination room you will be made comfortable on a couch, resting on your left side. A nurse will stay with you throughout the procedure.

You will be given an injection in your hand to make you feel sleepy and relaxed (the sedation).

To keep your mouth slightly open, a plastic mouthpiece will be put gently between your teeth (if you wear dentures you will have already been asked to remove these).

When the doctor passes the endoscope into your stomach it will not cause you any pain nor will it interfere with your breathing at any time. The procedure may take up to 30 minutes to complete. During this time some air will be passed down the tube to expand (distend) the stomach and allow the doctor a clearer view. The air is sucked out at the end of the procedure.

If you get a lot of saliva in your mouth, the nurse will clear it using a small suction tube.

When the procedure is finished the tube is removed quickly and easily.

What happens after the procedure?
After the procedure you will be taken to the recovery bay where you will be able to go to sleep/rest for approximately 1 hour. You will then be able to go home.
DISCHARGE INFORMATION AND AT HOME ADVICE
The back of your throat may feel sore for the rest of the day. You may also feel a little bloated if some air has remained in your stomach. Both these discomforts will pass and need no medication.

Sedation
The sedative drugs will remain in your body for 24 hours and during this time is gradually excreted from the body. Therefore there are certain things that you should and should not do.

For the first 24 hours after your procedure you should:
- Ensure that a responsible adult stays at home with you for 24 hours.
- Rest quietly at home for the rest of the day - go to bed or lie on the settee.
- Drink plenty of fluids, but not too much tea or coffee.
- Eat a light diet eg. soup or sandwiches. Avoid greasy or heavy food as this may cause you to feel sick.
- Lie flat if you feel faint or dizzy.
- Contact your GP if you have not passed urine 12 hours after your procedure.

For at least 24 hours after your procedure you must not:
- Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon.
- Go back to work.
- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
- Operate any domestic appliances or machinery.
- Drink alcohol.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children.

We do not expect you to have any problems afterwards, but as a precaution we may arrange to contact you by telephone after 24 hours.

In the unlikely event that you do feel unwell, particularly if you:
- feel feverish,
- have a high temperature,
- have any persisting chest or abdominal pain,
- have difficulty in breathing,

then please contact Endoscopy Unit. Out of hours please contact NHS Direct.

The effects of the procedure and sedation should have worn off by the next day, when most patients are able to resume normal activities.
When will I know the results?

In some cases the doctor will be able to tell you the results as soon as you wake up. However, if a sample (biopsy) has been taken for examination, the results may take several days.

It is a good idea to have someone with you if you speak to the doctor after the procedure, because as you have been sedated you may forget what has been said to you.

You should discuss the details of the results and necessary treatment with your hospital specialist who referred you to have the procedure.

Reference

American Journal of Gastroenterology

If you have any queries, or require further information please contact the Endoscopy Unit on 01332 785019.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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