Endoscopy Unit

Endoscopic Ultrasound Scan (EUS)

Please read, contains important information about your procedure and fasting

Your doctor has advised you to have an investigation called an endoscopic ultrasound to examine your oesophagus, stomach, pancreas and bile ducts. This leaflet has been designed to help you prepare for the examination and answer some commonly asked questions. If you have any concerns please contact the Endoscopy Unit:

Huddersfield Royal Infirmary	**Telephone: 01484 342000**
Endoscopy Unit, Direct line	**Telephone: 01484 355868**
Calderdale Royal Hospital	**Telephone: 01422 357171**
Endoscopy Unit, Direct line	**Telephone: 01422 223920**

Please inform the unit if you are unable to keep your appointment.

The appointment time you are given for the day of your procedure is the time we would like you to arrive at the Endoscopy Unit and not the time you should expect to have your procedure performed. If your procedure is before midday you may be in the unit all morning. If your appointment is after midday, you may be in the unit all afternoon.

If a relative or friend is collecting you after the procedure it is advisable that you provide the nurse with their contact telephone number so that they can call them when you are nearly ready to leave the unit; this will prevent them waiting for a long period of time. The Endoscopy waiting rooms, particularly at Calderdale, have limited seating room; if your relative or friend wishes to remain in the hospital until you are ready to go home, please ask them to wait in another area such as the cafeteria so that patients can have access to seats.

What is an EUS? (Endoscopic Ultrasound Scan)

The Endoscopic Ultrasound test is very similar to an Endoscopy which you may have already had. It is performed using a long flexible instrument, thinner than your little finger, which has a light and a small ultrasound probe on the end. It is passed through your mouth and advanced into your stomach and duodenum (first part of the small bowel). It allows us to see structures beneath the surface.

The test can take approximately 15-20 minutes to complete but you should expect to be in the department much longer due to waiting times, check in and recovery processes.

compassionate care

What are the benefits and alternatives to having an Endoscopic Ultrasound?

Endoscopic Ultrasound is the most accurate way of diagnosing and assessing certain conditions relating to the oesophagus, stomach, gall bladder, bile ducts and pancreas. 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 or MRI scan.

Risks

Endoscopic Ultrasound is considered a safe procedure but very rarely it can result in complications:

Breathing difficulties or heart irregularities

This can happen as a result of reacting to the sedation. To help prevent this from happening your oxygen levels and heart rate will be monitored. Rarely, a heart attack or stroke can happen if you have serious medical problems. We may advise some patients against sedation and in some cases it may be necessary for us to refuse to do the test under sedation. This would be to maintain your safety.

Missed pathology

While endoscopic ultrasound is a very accurate test, there remains a small possibility of missing a lesion due to technical reasons or the lesion being too small or distant to be visualised at the time.

Perforation

This is a tear or a hole in the oesophagus, stomach, bowel or other organ during the procedure. This is a serious complication that may require surgery.

Bleeding

This can occur from minor damage caused by the endoscope. This usually stops on its own.

Damage to teeth or bridgework

A plastic mouthpiece will be placed in your mouth to protect the camera from your teeth. Do not bite down hard on to this mouthpiece. Inform the nursing staff if you have any loose teeth, prior to the commencement of your test.

Incomplete procedure

This can happen due to a technical difficulty, blockage in the tract, complications during the procedure or discomfort. Your doctor or the endoscopist may recommend another or a different test.

Sore throat

This is a very common after the test and should resolve on its own after a few hours.

Preparation for the test

You must not have anything to eat for at least 6 hours before your procedure (except your usual medication with a sip of water more than 2 hours before the test).

Interpreters
Please inform the Endoscopy Unit if you require an interpreter prior to your appointment day. Failure to do this can result in delay or cancellation on the day. Family and friends cannot be used to interpret; a professional interpreter must be present.

Pacemakers, implanted defibrillator or other electromechanical devices
If you have a pacemaker or other electromechanical device this may need to be checked before your procedure. You should inform the Endoscopy Unit as soon as possible. Failure to do this can result in delays or cancellation on the day. Please bring your pacemaker identification card with you.

Allergies
If you are allergic to latex you must let us know as soon as possible as your appointment time may need to be changed.

Medication
Please ensure you complete the medication form sent with your appointment letter as your medical notes do not always contain an up to date list of your tablets. If you have any problems completing this form contact your GP surgery who will have this information.

Blood Thinning Medication
If you are taking medication to thin your blood e.g. Warfarin, Sinthrome, Phenindione, Rivaroxaban, Dabigatran, Apixaban, Clopidogrel or other antiplatelet or anticoagulant, you may need to stop these before your procedure. Please contact the Endoscopy Unit for advice.

Other Medication
Apart from diabetic medication (see below), you may take any other medication as normal with a small amount of water. This is particularly important if you take medication for epilepsy or hypertension (high blood pressure) as your test could be cancelled if your blood pressure is too high.

Diabetes
Patients with diabetes will need to adjust or omit their diabetic medication prior to their procedure. Please see the back of this leaflet for detailed instructions. The instructions are different depending on the type of medication you take and the time of your appointment. Please take care to read the instructions that are relevant to you.

Conscious Sedation
The procedure is usually carried out under conscious sedation. This is not a general anaesthetic therefore you will not be asleep, the sedative will help to relax you but you will still be able to feel sensations, hear what we say to you and be able to follow simple instructions during the test. You may not remember anything because of the medication but this cannot be guaranteed. You will be able to breathe normally throughout. During the procedure we will check your breathing and pulse rate and you will be given oxygen throughout the test. The sedation can stay in your system for up to 24 hours so you are not allowed to drive, drink alcohol, operate machinery, sign legal documents or look after small children.

You need a responsible adult to take you home and stay with you for the next 24 hours.

Consent

If you have been sent a copy of the consent form please take the time to read the form so that you understand fully what you are consenting to.

If you are caring for someone who is unable to give consent for the procedure themselves, you will not be able to sign the consent form for them. The consent form should have been completed with your Consultant in clinic after discussion with the patient and ideally the next of kin or other family member.

If this has not taken place, please contact the Endoscopy Department as soon as possible, ideally before the procedure appointment as cancellation on the day may occur if there are problems with the consent process.

On the day of the test

Your stomach needs to be empty to allow clear views of the lining of your stomach and bowel and also to prevent vomiting during the procedure. This is very important as vomiting during the procedure could allow fluid to enter your lungs.

Your procedure may be cancelled or delayed if you fail to follow these instructions.

Minimal amount of make-up should be worn when attending and it's also important that you do not wear nail varnish or false nails as these interfere with monitoring equipment used during the test.

Arriving at the Endoscopy Unit

Please report directly to the Reception Desk in the Endoscopy Unit.

Do not take a seat until you have given your name to the receptionist. If you are unfamiliar with the hospital, report to the main entrance where someone will direct you.

Huddersfield Endoscopy Unit can be found on Basement level. You can access through the hospitals Main Entrance or through the South Drive Entrance.

Calderdale Endoscopy Unit You should access the unit directly through the Endoscopy Unit Entrance off Godfrey Road. You can access the unit via the main entrance but please bear in mind that the signs will take you outside at the back of the hospital to enter again.

A nurse will check your details with you and complete a short health questionnaire. The nurse will explain the test to you. You will be able to ask the nurse any questions you may have about the test. The nurse will then ask you to sign a consent form.

After the test

You will be taken back to Endoscopy recovery area to rest for a while; usually 20-30 minutes. You will be monitored regularly after the procedure. You will be offered a drink and allowed to go home shortly afterwards. You will not be able to drive, drink alcohol, sign legal documents, operate machinery or look after small children for 24 hours. A responsible adult must collect you from the Endoscopy Unit, take you home and stay with you for 24 hours after the procedure.

Results

Before you leave the hospital a doctor or nurse will explain the results of your test to you and give you a short written report. Reports of all tests will be sent to the doctor who has requested them. If you already have an outpatient appointment you should keep this, if you do not have an appointment your doctor should contact you by letter or send an appointment through the post.

Frequently Asked Questions

Q. Will the test hurt?
A. The test can be uncomfortable and unpleasant but not usually painful.

Q. Will I be asleep?
A. No, you will not be asleep. The sedative helps to relax you, but does not put you to sleep.

Q. What if I don't have a responsible adult to look after me following my procedure.
A. You should inform the Endoscopy Department as soon as possible so that arrangements can be made.

Q. Will I need to get changed?
A. No, you will not need to get changed.

Q. Will I get my results on the day of the test?
A. We will tell you as much as we can after the test but may not be able to give you the full result.

If you have any further questions please do not hesitate to contact the unit

Advice for Patients with Diabetes on oral medication undergoing EUS

AM EUS

Day before test

Take diabetes tablets as usual

Day of test

Fast from midnight. Clear fluids till 4.30am
(e.g. black tea, coffee, clear fruit juice)
Omit AM diabetes tablets
Following your test take next diabetes tablets
as usual with food

PM EUS

Day before test

Take diabetes tablets as usual

Day of test

Eat a light breakfast. Fast from 7.30am.
Clear fluids till 9.30am
(e.g. black tea, coffee, clear fruit juice)
Omit AM and lunch-time diabetes tablets
Following your test take next diabetes tablets
as usual with food

Advice for Patients with Diabetes (Type 1 or Type 2) undergoing EUS in the morning - before 12 midday

Once Daily Insulin	Twice Daily Insulin	Four Times Daily Insulin
Day before test		
Take diabetes tablets as usual. If on bed-time insulin reduce dose by half (50%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Fast from midnight. Clear fluids till 4.30 am (e.g. black tea, coffee, clear fruit juice) Test BM (finger prick blood sugar) every 2 hours		
Omit AM diabetes tablets. If on AM insulin reduce dose by half (50%)	Omit AM dose of insulin and diabetes tablets.	Omit AM fast acting insulin
After the test		
Eat and drink normally. Give next dose of insulin as usual. Take next dose of diabetes tablets as usual.	**If able to eat before 11 am:** Give normal morning insulin dose after meal. Take next diabetes tablet as usual. **If able to eat after 11 am:** Give half normal dose of insulin after meal. Omit AM dose of diabetes tablets. Give usual PM dose of insulin and tablets.	**If able to eat before 11 am:** Give normal AM insulin dose after meal. **If able to eat after 11 am:** Give normal lunchtime short acting insulin after food. Give normal tea and bedtime insulin doses.

Advice for Patients with Diabetes (Type 1 or Type 2) undergoing EUS in the afternoon - <u>after 12 midday</u>

Once Daily Insulin	Twice Daily Insulin	Four Times Daily Insulin
Day before test		
If on bed-time insulin reduce dose by a quarter (25%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Have a light breakfast. Fast from 7.30am. Clear fluids till 9.30 am (e.g. black tea, coffee, clear fruit juice) Test BM (finger prick blood sugar) every 2 hours		
Omit AM and lunchtime diabetes tablets. If on AM insulin reduce dose by half (50%)	Omit AM dose of insulin. Omit AM dose and lunchtime doses diabetes tablets	Omit AM fast acting insulin
After the test		
Eat and drink normally. Give next dose of insulin and diabetes tablets as usual.	**If able to eat <u>before</u> 11 am:** Give normal morning insulin dose after meal. Take next diabetes tablet as usual. **If able to eat <u>after</u> 11 am:** Give half normal morning insulin dose after meal. Give usual PM dose of insulin and tablets.	**If able to eat <u>before</u> 11 am:** Give normal AM insulin dose after meal. **If able to eat <u>after</u> 11 am:** Give normal lunchtime short acting insulin after food. Give normal tea and bedtime insulin doses.

If you have any comments about this leaflet or the service you have received you can contact :

Calderdale Royal Hospital
Telephone (01422) 223920

Huddersfield Royal Infirmary
Telephone (01484) 342436

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"