

## Endoscopy Unit - Endoscopic Ultrasound (EUS OESOPHAGUS)

### Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Please read the following information in conjunction with the staying healthy guidance appropriate for your condition.

### Guidance for Patients

#### What is an Endoscopic Ultrasound (EUS)?

An endoscopic ultrasound is very similar to an OGD which you may have already had. The difference is that the endoscope has a small ultrasound scanner with a balloon on the end of it. This allows the endoscopist to see behind the stomach wall. It allows us to take tissue samples (biopsies) or fluid for analysis if necessary. This will give your doctor more information to decide on you.

Should your condition or symptoms worsen before your appointment, we advise you to contact your GP immediately.

#### Are there any alternatives?

A CT scan is the alternative to an EUS. The advantage of having an EUS is that samples can be taken in the same procedure, saving the need for a second examination.

#### What are the risks?

An EUS is an invasive procedure; which can lead to complications. Serious complications are extremely rare. The most serious risk is the endoscope damaging your upper GI tract during the test. This can cause an infection, bleeding or a perforation (tear). If this were to happen, your abdomen may become painful and bloated and you may need medicine or surgery to treat the problem.

Other risks include sore throat, dental damage, bleeding and reaction to medication.

Please note that sometimes the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if your stomach still has food in it. In this case, the test may need to be repeated or suggest an alternative procedure.

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### What about my medication?

Please continue to take your regular medication as prescribed, unless you are taking any of the following:

☒ **Anticoagulants** – Please contact the unit on 024 7696 6805 if you are taking blood thinning medications such as **Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, Prasugrel or Aspirin**

☒ **Diabetes** – if your diabetes is controlled with **insulin** or **oral medication**, please make sure you have received a diabetic information leaflet and that the Endoscopy Unit is aware. This is to make sure you are seen in a timely manner.

### Please contact the unit if you have an allergy to Latex.

☒ Stool bulking agents such as **Fibogel, Regulan, Proctofibre, Loperamide (Immodium) or Codeine Phosphate** – You must stop these **three days before** your appointment

☒ **Anticoagulants** – Please contact the unit on 024 7696 6805 if you are taking blood thinning medications such as **Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, Prasugrel or Aspirin**

☒ **Diabetes** – if your diabetes is controlled with **insulin** or **oral medication**, please make sure you have received a diabetic information leaflet and that the Endoscopy Unit is aware. This is to make sure you are seen in a timely manner.

### Please contact the unit if you have an allergy to Latex.

### Preparing for the procedure

We need to have a clear view of your upper GI tract. Therefore we need **you not to eat for at least six hours** before your appointment. You may have sips of water up to **two hours** before your appointment.

### If you have a morning appointment (before 12 noon) please follow these instructions:

☒ Do not eat after **midnight**

☒ You may have a drink at **6am**

### If you have an afternoon appointment (after 12 noon) please follow these instructions:

☒ You may have a light breakfast no later than **8am**

☒ You may have small sips of water until **two hours** before your appointment

## What should I do if my health is deteriorating

**Should your condition or symptoms worsen before your appointment, we advise you to contact your GP immediately.**

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## How long will I be in the Endoscopy Unit?

You should expect to be in the unit for around 3-4 hours. The unit may need to prioritise emergency patients from the wards and other departments.

The 3-4 hours also depends on how quickly you recover from the procedure, whether you have agreed to have any sedative medication and how busy the department is.

Please note that we do not allow children in the department so please make childcare arrangements or ask for your appointment to be rebooked.

## What happens when I arrive?

You will be checked in at reception where the receptionist will check your name, date of birth, address and confirm your arrangements for getting home. You will be given a patient wristband so that staff can safely identify you throughout your stay in Endoscopy Unit.

A member of staff will then take you to an admission room where you will be asked to change into a hospital gown. They will do a brief medical assessment to make sure that you are fit to undergo the procedure. If you are diabetic, your blood glucose level is checked and documented. If you take anticoagulant medication, a finger prick test (INR) will also be carried out.

The nurse will make sure that you understand the procedure and answer any questions or concerns you may have. You will then be asked to sign a consent form.

A consent form is a legal document which confirms your agreement for a trained medical professional to carry out the procedure and your understanding of any associated risks. The doctor or nurse completing the form will explain the procedure to you, outlining the benefits and risks associated with the intended procedure. You may ask questions about the procedure or ask them to repeat or explain further if you do not understand. You will then wait in your admission room or be taken to a waiting area until it is your turn.

## Is it painful?

You may feel some discomfort during the procedure. You will be offered the option of local anaesthetic throat spray or sedation. However, for this procedure we do suggest you have **both** throat spray **AND** sedation.

## Throat Spray

The back of your throat is numbed using local anaesthetic spray. After the spray, you will feel a lump in the back of your throat and feel as though you are unable to swallow. This is completely normal and you are very safe. The effects last an hour after the initial spray, following this you are allowed to start eating and drinking as before.

## Sedation

If you choose to have sedation, the nurse will insert a small plastic tube(cannula) into the back of your hand or arm - this is used to administer the injection medication(s). If required during the procedure, a member of the team will administer more medication if deemed safe.

After the procedure, you are not allowed to drive or use public transport, so you need to arrange a family member or friend to collect you. You should not drink alcohol, operate heavy machinery or sign legal documents for 24 hours after your procedure.

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## The EUS procedure explained

You will be taken to the procedure room and introduced to the team, who go through safety checks and answer any last minute questions. You will be asked to remove any dentures to make sure they are not damaged. A blood pressure cuff and blood oxygen monitor is placed on your arm and finger to monitor you throughout.

Before the procedure starts, a plastic mouth guard will be inserted and oxygen administered through a sponge in your nostril if you agreed to sedation. The sedation will then be administered.

The endoscopist will insert the endoscope (tube camera) into your mouth and move it to the back of your throat. You may be asked to swallow to help move the gastroscope into your oesophagus. You will be asked to take a few deep breathes whilst this is happening as it is very common to feel uncomfortable. You may feel some light pressure or 'butterflies' in your stomach during the procedure. This is due to the tube camera's movement in different parts of the stomach.

If samples are required they will be taken now by the doctor, who is assisted by the nurse. You should not feel these being taken; you may however have some discomfort afterwards. This is completely normal.

It is normal for saliva to collect in your mouth, this will be removed by a small suction tube similar to one used at the dentist.

CO2 gas is used to inflate the stomach; this can result in bloating and burping. This is perfectly normal and please do not feel embarrassed.

## What happens afterwards?

You will be transferred to the recovery area where you will be monitored by a qualified nurse. You should expect to stay in the department until a safe discharge is planned. If you are diabetic, your blood glucose will also be checked. Every patient is different. Once you have recovered sufficiently you will be moved into a chair and asked to get dressed. Your lift will be contacted to arrange collection. Before you leave, the nurse or endoscopist may discuss the findings of the procedure with you, and give you a discharge leaflet. They will also tell you of any further investigations or treatment you may need.

If you normally suffer from memory problems, a family member or friend can be with you whilst you are being discharged.

You will be given specific information regarding eating and drinking before your discharge. This has been agreed by the endoscopist. Please follow the instructions to prevent complications when you get home.

## General points and information

☑ We aim for you to be seen and treated in a timely manner. However, emergency patients take priority and we apologise if this delays your appointment. You will be kept updated if this happens.

☑ You may want to bring a dressing gown and slippers with you.

☑ The hospital cannot accept responsibility for the loss or damage to personal property during your time on the premises.

☑ If you have any problems with persistent abdominal pain or bleeding, please contact your GP immediately informing them that you have an appointment with us.

☑ If you are unable to speak to your GP and your symptoms persist, you must attend Accident and Emergency immediately.

☑ If you require hospital transport for your appointment please contact hospital transport direct on 01926 310312.

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## Further Information

If you need any more information or clarification, please contact the Endoscopy Unit on 024 7696 6805.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 024 7696 6805 and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this

leaflet please email

[feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

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## Contact details for Gastroenterology Medical Secretaries.

Administration manager and Secretary to Prof Nwokolo: <b>Emma Cooper:</b> ☎ 02476 966087	Secretary to Dr Ahmed, Dr Shekhar & Dr Kodali: <b>Amanda Yeadon:</b> ☎ 02476 966092
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Secretary to Prof Arasaradnam, Dr Mannath & Alcohol Liaison Nurse Julius Mukarati <b>Nick Carter:</b> ☎ 02476 966088	Secretary to Dr Darlow: <b>Elaine Ferris:</b> ☎ ext 33467
Secretary to Dr Disney & Hepatology Nurses Stacey Chambers and Sarah McDoermott: <b>Debbie DuPiesanie:</b> ☎ 02476 966106	Secretary to Dr Unitt & Dr Nightingale: <b>Victoria Roby:</b> ☎ 02476 966089
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The contents of this information has been reviewed and approved by the UHCW My Planned Care Committee of UHCW NHS Trust.

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