

ENDOSCOPIC ULTRASOUND (EUS)

What you need to know before your procedure

Your doctor has decided that an EUS is necessary for further evaluation and treatment of your condition. This information sheet has been prepared to help you understand the procedure.

Please report to the registration desk in the Endoscopy Clinic, Zone B, Level 0, Room B0-323 at St. Joseph's Hospital. Closest entrance is Grosvenor Entrance 2 on Grosvenor Street.

On: _____

Arrive at: _____

Doctor: _____

Your procedure may be cancelled and rebooked in unforeseeable circumstances. Out of town patients who arrange travel accommodations are advised to purchase cancellation travel insurance. Our office will attempt to provide you with as much notice as possible, which in some cases could be a minimum of 24 hours.

- 1) Sedation may be used so please arrange for a family member or friend to accompany you home. **YOUR DRIVER MUST REMAIN IN HOSPITAL DURING YOUR STAY.** You may be ready for discharge 1-3 hours after arrival. **IF YOU DO NOT HAVE SOMEONE TO ACCOMPANY YOU YOUR TEST WILL HAVE TO BE CANCELLED.** You must not drive or operate machinery for at least 12 hours after sedation.
- 2) If you require assistance with personal care, please arrange for someone to be with you.

What should I bring with me?

Please bring the following:

- Ontario Health Card
- All prescription and over-the-counter medicines you are taking.
- Medical records that relate to your current problem (blood test results, x-rays, either on film or electronic copies, and/or other endoscopy reports) from your referring doctor's office

Please leave all jewelry at home
Please do not wear any perfumes/colognes

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What is an EUS?

Upper EUS: A long flexible tube, approximately the size of your little finger, with a camera and a miniaturized ultrasound machine is passed through the mouth and past the back of the throat into the upper digestive tract. The instrument is designed to give limited ability to see the lining of the digestive tube but is very good at visualization of the structures around the digestive tube (lung, lymph glands, heart, pancreas, gallbladder, liver etc.). EUS provides greater detail than ultrasound through the skin since the instrument can get very close to the places of interest.

The doctor is also capable of passing a small needle through the endoscope into adjacent structures to obtain tissue that can be analyzed. The same needle can be used to inject medicines into diseased areas, and to help other types of treatment, such as removal of large polyps or drainage of local cysts or abscesses.

Rectal EUS: The above examination can also be done to visualize the rectum and the structures that surround it.

The EUS procedure will last 30-90 minutes.

What preparation is required?

Upper EUS:

For the best possible examination, your stomach must be completely empty. You should have nothing to eat or drink after midnight the night before your procedure. If your procedure is in the afternoon, you may have a clear liquid breakfast before 8:00 a.m. then nothing by mouth until the procedure is done.

Rectal EUS:

For the best examination, the colon must be completely free of waste material:

Purchase from your pharmacy: 3 envelopes/sachets of Pico Salax . Follow these instructions, not package insert:

DAY PRIOR TO PROCEDURE

You may only have clear fluids the day prior to your procedure and continue until after procedure the next day. Drink as much clear fluid as you can tolerate. Mix each envelope/sachet with 6 oz of cold water. Solution will heat up. Wait for it to cool, and then drink.

- Take 1st envelope/sachet @12:00-noon.
- Take 2nd envelope/sachet @ 6:00 p.m.

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DAY OF PROCEDURE

- Take 3rd envelope/sachet @ 6:00 a.m.
- Continue to drink clear fluids until 1 hour prior to leaving your home. This helps the cleansing effect and helps to avoid dehydration. Cramps and diarrhea are expected so stay close to a toilet.
- DRINK AS MUCH CLEAR FLUID AS YOU CAN, ie. juices, black tea/coffee, consommé, Jell-O, popsicles, Kool-Aid, soft drinks and water. Gatorade is recommended.
- NO MILK, ORANGE JUICE OR RED coloured liquids.
- No food with seeds one week prior

If you have problems tolerating the bowel prep, notify the doctor's office for further instructions. The bowel cleansing effect is improved by the amount of clear fluids that you drink. Drink large quantities of clear fluid to avoid dehydration. If you have problems tolerating the bowel prep, notify the doctor's office for further instructions.

If you have a history of kidney disease or congestive heart failure **DO NOT** take the phosphasoda. Contact your doctor for further instructions.

For both Upper and Rectal EUS

- Tell the doctor if you are or think you may be pregnant.
- If you are taking PLAVIX (clopidogrel) or TICLID (ticlopidine) contact your family physician or the specialist who placed you on the medication at least one week before your appointment to discuss whether it is safe for you to stop these medications in preparation for your procedure.
- If safe, stop these medications one week prior to your procedure. If it is not safe for you to stop the medications, contact the physician who is doing the procedure.
- If you are taking anticoagulants – blood thinning medication eg. Coumadin/warfarin, fragmin (Dalteparin), Pradax (Dabigatran), or blood thinners by injection – contact your doctor as special arrangement may be required.
- If you are taking Insulin or other medication for diabetes, discuss the dosages with your doctor.
- All other medications can be taken as usual with sips of water before 8:00 a.m. the day of the procedure.
- Notify your doctor's office if you have an implanted cardiac defibrillator.
- It is important that you do not have any barium x-rays the week prior to this test.

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What are the reasons for doing an EUS?

EUS is a valuable tool for the diagnosis, staging and treatment of many diseases of the esophagus, lung, stomach, pancreas, bile ducts, liver, gallbladder and rectum. While an EUS can help to evaluate and manage benign disease it is most frequently used to diagnose and stage different types of cancers. An abnormality suspected by clinical history, blood tests or x-ray can be confirmed and studied in detail as well small samples can be obtained using a small needle or biopsy forceps through the flexible tube.

In patients with suspected cancer, EUS can help to obtain tissue to diagnose the cancer and to help guide the surgeon choose the proper surgical procedure as well as help the oncologist determine if chemotherapy or radiation therapy is necessary.

EUS is a safe and extremely worthwhile procedure which is very well-tolerated. The decision to perform this procedure was based upon assessment of your particular problem. If you have any questions about your need for EUS do not hesitate to speak to your doctor.

What should you expect during the procedure?

For upper EUS your doctor will give you medication through a vein to make you relaxed and sleepy and your throat will be sprayed with a local anesthetic spray. While you are lying in a comfortable position on your left shoulder, the EUS endoscope will be inserted through the mouth and into the duodenum. The tube will not interfere with your breathing.

For rectal EUS the tube is inserted into the rectum. Rectal EUS is generally done without sedation unless you are having rectal pain. During the procedure, you may feel bloated due to the air used to inflate the intestine.

What happens after an EUS?

You will be kept in the endoscopy unit until most of the effects of the medication have worn off. You may feel bloated. You will be able to resume your usual diet after the procedure unless instructed otherwise.

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Are there any complications from an EUS?

The test is not perfect. Occasionally, important lesions may not be seen, and treatment attempts may be unsuccessful.

EUS is generally safe and associated with very low risk when performed by physicians who have been specially trained and are experienced in such procedures.

The most common complications associated with EUS are related to localized irritation of the vein at the site of administration of sedatives. A tender lump may form where the IV was placed. Call your doctor if redness, pain or swelling appears to be spreading. A sore throat is common and should improve over a few days.

If a needle biopsy is performed during the procedure there is a small chance of development of bleeding, pancreatitis and/or bacterial infection. Your doctor may administer antibiotics to decrease the risk of infection if he/she feels it necessary.

Severe complications of EUS are rare. These can include bleeding, or tearing (perforation) of the digestive system. If these happen, you will have to stay in the hospital, and surgery may be needed. Drug reactions (hives, itchy skin, and rarely shortness of breath) and complications from unrelated diseases such as heart attack or stroke are uncommon. Death is extremely rare but remains a remote possibility.

If you have severe pain, vomit, pass or vomit blood, have chills and fever above 101° F or 38.5 °C, please contact the office of your physician by phoning 519-646-6000.

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