


Having an Endoscopic Ultrasound (EUS)

Endoscopy Unit

A thick, light green horizontal line with decorative, curved ends at both sides, positioned below the title.

This information leaflet contains information about your procedure including the risks, benefits, alternatives to the test and what you might expect when you come to the hospital. If, after you have read it, you have any queries or concerns, please talk to us about any worries and ask any questions you may have.

The aim of this booklet is to enable you to make an informed decision when you come for your procedure. It is important to us that you have understood the procedure, its risks, and benefits before we ask you to sign your consent form. We will need to have your formal written consent before we can perform your procedure.

Your appointment time in the Endoscopy Unit is approximate, as some procedures may take longer than expected. We also deal with emergencies, and these can take priority over patients with outpatient appointments. You should expect to be in the department approximately for most of the morning or afternoon.

Preparation for the procedure

Eating and Drinking

You must not eat anything for at least **six hours** before your procedure because the food in your stomach can prevent the Endoscopist from having a good view of your stomach. It can also increase the risk of inhaling the contents of your stomach into your lungs which can cause severe pneumonia.

You can have a few sips of water up to **two hours** before your test.

Medicines

Unless you have been advised otherwise, you should take your usual medicine normally with a few sips of water.

If you have diabetes, either on tablet or Insulin, please telephone us on 01932 722231 / 01932 722747 for advice at least one week before your endoscopy appointment.

If you are on any blood thinning medication like Warfarin, Dabigatran, Edoxaban, Apixaban, Rivaroxaban or anti platelet medication like Clopidogrel, Dipyridamole, Prasugrel and Ticagrelor, please inform us as soon as possible as it may be necessary for you to stop taking your tablets for a limited time before the procedure.

What is an Endoscopic Ultrasound (EUS)?

An EUS is an endoscopic procedure that uses a flexible tube (endoscope) with an attached ultrasound scanner at its tip. This allows some of your organs like oesophagus, stomach, liver, and pancreas to be checked more thoroughly. The procedure is like having a gastroscopy, although it takes longer to allow your endoscopist to assess the organs in more detail.

During the examination, tissue samples (also called fine-needle aspirate/biopsy) may be taken for analysis. It can sometimes be used to drain fluids from cysts from adjacent organs in your abdomen like the pancreas.

The examination is carried out by a trained doctor endoscopist. Sometimes, however, the test may be carried out by an endoscopist who is learning, under the close supervision of the experienced endoscopist.

What options are available to help me during my EUS?

Anaesthetic throat spray - A local anaesthetic spray is given at the back of your throat; this will numb your throat allowing the endoscope to go down with ease.

Sedation via a needle - A sedative injection will make you slightly drowsy and help you relax. A sedative is different to a general anaesthetic, its purpose is to help you relax and not 'knock you out'.

Pain relief via a needle - This procedure is not painful but can be uncomfortable especially when we pump air into your small bowel. A pain relief injection will help you tolerate the procedure.

Because the sedation and the pain relief can cause drowsiness, you will not be permitted to drive home or take public transport. You must arrange for a family member or a friend to collect you from the Endoscopy Unit and you must have an adult to stay with you overnight.

There is a considerable variation in the way people react to this procedure and the sedation. The procedure is safe but may be unpleasant and at times uncomfortable. We aim to use the sedation to help you relax within safe limits.

We do not aim to send you to sleep but we will do our best to make the procedure as comfortable as possible.

Why do I need an EUS?

You have been advised to have an EUS to find the cause of your symptoms. The results will help your doctor decide on which treatment is best to help you or whether further examinations are needed to be carried out.

An EUS procedure are performed for the following reasons:

- To check for any gallstones.

- To find out a cause of pancreatitis (inflammation of the pancreas).
- To assess any lumps beneath a normal looking lining of your stomach.
- To measure a tumour or see if it has spread to areas nearby like lymph nodes.
- Drainage of cysts in the pancreas.
- To obtain samples from any lumps in the upper abdomen or chest.

Are there any alternatives?

- **Magnetic Resonance Imaging (MRI)** scan can be performed but this investigation is purely for diagnosis, so your Endoscopist will not be able to take any biopsies or samples. Also, you cannot have an MRI scan if you have some internal metal works in your body like pacemaker and metal screws following a joint replacement surgery.
- **Computerized Tomographic (CT) scan** can also be performed although this investigation is less sensitive. Any lesions less than 1cm can be missed, and this procedure will not allow us to take biopsies or do any treatments.

What are the possible risks and complications of an EUS?

EUS is a safe examination for most people and serious complications are uncommon. The endoscopy team is trained to detect and treat any complications that may happen. The possible risks are listed below:

- A tear (perforation) may occur in the lining of your oesophagus, stomach, or duodenum. Nationally, this happens to approximately 1 in 2,000 patients. If this occurs you will need to be admitted in the hospital for further treatment which may include surgery.
- Bleeding may occur at the site of biopsy / fine needle aspiration; this usually stops on its own. The risk is higher if you are on blood thinning medications.
- Pancreatitis can occur when fine needle aspiration of the pancreas is performed, it is usually mild and settles on its own. However, pancreatitis rarely can be severe needing prolonged hospitalisation.
- Breathing difficulty or heart irregularities because of reaction to the sedation or accidentally inhaling secretions such as saliva during the procedure. We will monitor you continuously during the procedure so if any of these problems occur, we would be able to treat it quickly.

- Damage to teeth or bridgework - this is rare. The endoscopy nurse will place a plastic mouthpiece in your mouth to help protect your teeth.
- Incomplete procedure. This can happen if you are unable to tolerate the procedure if there are undigested food in your gullet and stomach or if a complication occurs during your procedure. If this happens, it may be necessary for the Endoscopist to arrange another appointment for you.

What will happen when I come in?

When you come to the Department, please present yourself at the reception where they will confirm your details with you. Please note that we have a limited amount of space in the Department and there may not be an available space for a friend or relative to accompany you during your appointment.

A member of staff will bring you in admissions area to go through your health questionnaire with you. They will record your blood pressure, heart rate, and temperature. An intravenous cannula will be placed in your arm/hand; this will be used as an access so the endoscopist can give you the sedation, pain relief and other injectable medication before the start of the procedure. The endoscopist will make sure that the procedure is thoroughly explained and that you understand the procedure before you sign your consent form. This will be an opportunity for you to ask any questions you may have. The member of staff will also ask you about your arrangements for getting home after your procedure. Because of the sedation and pain relief that will be given to you

before the start of your procedure and the complexities of the treatments that might be performed during your procedure, a responsible adult must be available to take you home and stay with you overnight. **Please note that your procedure will be cancelled if you have not made these arrangements.**

We will be asking you to sign your consent before you can be taken into the procedure room where your endoscopy will be performed.

What happens during the EUS examination?

Your procedure will be carried out in one of the examination rooms in the endoscopy department where experienced members of the team will be always with you.

Before we start the procedure, you will be given a local anaesthetic throat spray whilst you are sitting up (if you have any dentures, you will be asked to remove them first), the results are rapid, and you will immediately experience loss of sensation at the back of your throat. A member of staff will put a blood pressure cuff on your arm, three electrode stickers on your back to check your heartbeat and a probe will be placed on your finger to check your oxygen level throughout the procedure. We will also place a plastic cannula into your nostrils to supplement your oxygen during the procedure. You will be asked to lie on your stomach. Sedation and pain relief will be given at this point.

A small plastic mouth guard will be placed gently between your teeth to help you keep your mouth slightly open and make it easier for the endoscopist to pass the endoscope (camera).

The endoscopist will start the test by placing the lubricated endoscope into your mouth and then gently push it down into your oesophagus, stomach, and duodenum. A small amount of air is blown into your stomach; this is necessary to allow the endoscopist to have a clear view during the procedure.

With the aid of an ultrasound machine, your endoscopist will now begin to examine you and will decide whether any samples will need to be taken under the guidance of an ultrasound.

Photographs may be taken during your procedure; these will be filed and kept in your medical notes.

What happens after an EUS?

After your procedure, you will be taken to the recovery area, the length of time you will stay in recovery depends on whether any samples were taken, this can be between one to two hours. During this period, a member of staff will monitor your blood pressure, pulse, temperature, and oxygen saturations regularly. If you are diabetic, we will be monitoring your blood sugar levels until you are allowed to eat and drink.

We will be offering you tea/coffee and biscuits as refreshments, if you feel that this not sufficient, you may want to bring your own.

You should continue to take your usual medication unless we tell you otherwise. If you are taking any blood thinning medication, we will be giving you an advice when to restart it before we send you home.

The plastic cannula used to give you the sedation will also be removed.

The sedative can make you forgetful and can make you feel intermittently tired and drowsy for at least 24 hours; your doctor has also performed a complex procedure where risks are much higher, this is why we strongly recommend that you arrange someone to stay with you overnight.

For 24 hours following your sedation, you must not drive, drink alcohol, operate any heavy machinery or sign any legal document.

When you are ready to be collected, a member of staff will telephone your escort when you are ready to go home. Once your escort has arrived, you will be taken to a private room where a member of staff will go through all your discharge information with you. After this and you feel ready, you could be discharged from the Department.

A copy of your endoscopy report will be given to you.

When will I know the results?

An experienced member of the team will be able to tell you the endoscopy results when you are ready to go home. However, if a biopsy sample was removed, this might take up to six to eight weeks to process (depending on the urgency). We will write to you and your GP with the result or arrange an outpatient appointment, whichever is appropriate.

Will I be followed up after the test?

The doctor may suggest an outpatient appointment.

Can I seek a second opinion?

Yes. If you are not happy with the result, treatment, or advice, you have the right to seek a second opinion.

What do I do after I go home, and I become unwell?

If you develop severe abdominal pain, fever (temperature), vomiting and black faeces (melaena), please go to your nearest Accident and Emergency Department.

Further Information

We endeavor to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Jean Asare / Deb Majumdar

Department: Endoscopy

Version: 5

Published: Dec 2023

Review: Dec 2025



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

You can use Text Relay to turn telephone communications into text.
Use the Relay UK app on your phone, tablet or PC.
You can also use Relay UK via Minicom or Uniphone.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ने उगाठु उतनमे ची लेउ वै उं बिउथा वरवे इस नंघर उे डेन वरवे: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की जरूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk