

Endoscopic Ultrasound (EUS)

Instructions

What is an endoscopic ultrasound?

Endoscopic ultrasound (EUS) allows your doctor to examine the lining and the walls of your upper (GI) tract. The upper tract is the esophagus, stomach and duodenum. EUS is also used to study internal organs that lie next to the gastrointestinal tract, such as the gall bladder and pancreas.

Your doctor will use a thin, flexible tube called an endoscope that he or she will pass through your mouth or anus to the area to be examined. Your doctor then will turn on the ultrasound component to produce sound waves that create visual images of the digestive tract. The actual examination generally takes between 30 -60 minutes. If abnormal tissue is found, the doctor may remove it through the endoscope for closer examination or biopsy. Fine needle biopsy can also be performed to exabate abnormalities directly adjacent to the upper GI tract.

EUS provides detailed pictures of your digestive tract anatomy. EUS may be used to diagnose the cause of conditions such as abdominal pain or abnormal weight loss. EUS is also used to evaluate an abnormality, such as a growth, that was detected at a prior endoscopy or by x-ray. In addition, EUS can be used to diagnose diseases of the pancreas, bile duct and gallbladder when other tests are inconclusive.

PRE-PROCEDURE CHECKLIST

If you have diabetes, ask your regular doctor for diet and medication restrictions. Do not take your oral diabetes medicine on the day of your procedure. If you take metformin, stop taking it the day before your endoscopy. Please bring your Insulin and Insulin syringes with you to your procedure; we will check your blood sugar before and after the procedure.

If you take a medication to thin your blood (such as Coumadin, Plavix, Pradaxia or Lovenox) be sure to discuss this with the doctor performing your procedure. You must get your prescribing doctor's permission if you need to stop these medications.

If you currently are taking other prescription medications, you may continue to take all other medications as instructed by the prescribing physician.

If you are or may be pregnant, please discuss the risks and benefits of this procedure with your doctor.

You MUST arrange for a ride for the day of your exam. If you fail to arrange transportation with a responsible adult, your procedure will need to be cancelled and rescheduled. Your driver must check in with you and stay in our office the entire time that you are there. We cannot start your procedure if you do not have a driver present. In addition to this, you may not take a taxi or ride the bus by yourself. This is for your safety.

If you must cancel or reschedule your appointment, please call 404-355-3200 at least three days prior to your procedure to avoid any late cancellation fees.

If you have any special needs, please notify the admitting nurse prior to your procedure (i.e. a pacemaker, internal defibrillator, latex allergy, need for an interpreter, or are allergic to eggs, nuts, or soy).

Please be certain to have all of the following items with you:

- Your completed pink Pre-Anesthesia Evaluation, which was included in your procedure packet.
- A list of all your current prescription medications and all your over the counter medications.
- A photo ID.
- All your up-to-date insurance information, such as your insurance card or required referral forms.

DAY OF EXAMINATION

The Piedmont Hospital GI lab is located on the first floor of the 77 building. It is most convenient to park in the North parking deck. Take the elevator to the bridge level (BR). You will need to go to the 77 building registration office to register for your procedure. After getting off at the bridge level you will walk through a glassed-in bridge and go straight. You will pass the 77 building (D) elevator, which will be located on your left. The registration office is located in the next hallway on your left. Once inside, a member of the registration staff will help you complete some additional paperwork, and then escort you to the GI Lab for your procedure. This should take approximately 15 minutes.

STOP AND READ:

- **If you do not follow these instructions your procedure may be delayed or cancelled.**
- **Please note that you cannot have any solid foods after midnight the day before your procedure.**
- **The day of the procedure you may not have gum, mints, ice chips, hard candies or cigarettes.**
- **You may have clear liquids up to two and a half hours before your procedure. This includes the prep solution.**
- **You cannot have anything in your mouth (gum, mint, cough drop, ice chips etc.) two and a half hours before your procedure.**

PREPARATION

To ensure a successful exam, please follow all instructions carefully. Failure to accurately and completely prepare for your exam may result in the need for an additional procedure and both procedures will be billed to your insurance.

- Stop eating solid foods at midnight.
- Clear liquids are okay to drink (examples: water, Gatorade, clear broth, black coffee and apple juice).
- Do not drink red liquids or alcoholic beverages.
- You may take your usual medications (exceptions noted above) with up to 4 oz. of water at least 4 hours prior to your procedure. Be sure to wear comfortable clothes and shoes that will remain on your feet (preferably tennis shoes) to your procedure. Please do NOT wear flip flops, sandals, or backless shoes.
- Please remove ALL jewelry including earrings, rings, bracelets, anklets, necklaces, and watches prior to the procedure, and be sure to leave any and all valuables at home.
- Plan to spend up to two hours at the endoscopy center the day of your procedure. The exam itself takes about 30-60 minutes to complete.

Before the exam:

- You will change into a gown and robe.
- Your medical history will be reviewed with you.
- You will be given a consent form to sign.
- A nurse will insert an intravenous (IV) line into your hand or arm.
- Menstruating women under the age of 50 will be asked to give a urine sample for a pregnancy test.

During the exam:

- Medicine will be given through the IV line to help you relax and feel drowsy.
- Your heart rate and oxygen levels will be monitored. If your blood pressure is low, you may be given fluids through the IV line.
- The doctor will insert a flexible, hollow tube - called an endoscope - into your mouth and will advance it slowly through the esophagus, stomach and duodenum (the first part of your small intestine).
- You may have a feeling of pressure or fullness.
- If you have difficulty swallowing, and the doctor finds a narrowing in your esophagus, it may be possible for the area to be expanded during the exam.
- If abnormal tissue is found, the doctor may remove it through the endoscope for closer examination, or biopsy. Tissue removal is painless.

What happens after the exam?

- The doctor will talk with you about the initial results of your exam.
- The doctor will prepare a full report for you and the physician who referred you for the upper endoscopy.
- You may feel bloated after the procedure. This is normal.
- Your throat may feel sore for a short time.
- Medication given during the exam will prohibit you from driving for the rest of the day.
- Following the exam, you may resume your normal diet. Avoid alcohol until the next day.
- You may resume your regular activities the day after the procedure.
- A nurse will provide you with complete discharge instructions before you leave the endoscopy center. Be sure to ask the nurse for specific instructions if you take blood thinners such as aspirin, Coumadin or Plavix.
- Any tissue samples removed during the exam will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results.

What are the possible complications of EUS?

Although serious complications from EUS are rare, any medical procedure has the potential for risks. There is a slight risk of infection if fluid is removed from any cysts and antibiotics may be given as a preventative measure. Other risks include:

- Perforation, or a tear, of the lining of the stomach, esophagus, colon or rectum.
- Bleeding from the biopsy site, if any tissue was removed.
- Reaction to medications used during the procedure.

A nurse will review all potential warning signs with you before you leave the endoscopy center. The risk of complications slightly increases if a deep needle aspiration is performed during the EUS examination. There is also a small risk of infection if fluid is removed from any cysts, and antibiotics may be given to

prevent this. These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition.