

Endoscopic Ultrasound Scan (EUS of Rectum) {Diagnostic or Interventional}

An Information Guide

**Advice Leaflet
Medical Division**

Please read this information leaflet carefully. It gives relevant information about your test and how to prepare for it. This leaflet will help to explain the procedure and allay some of the anxieties that you may have about it.

If you have any concerns or questions, the endoscopist or endoscopy nurse who assesses you before the procedure will be happy to discuss them with you.

You have been advised to have an Endoscopic Ultrasound Scan (EUS) to help find and treat the cause of your symptoms or illness.

What is Endoscopic Ultrasound?

EUS is an investigation that uses a thin flexible tube (an endoscope) with a small ultrasound (US) probe attached to the tip. This brings the US probe closer to the lining inside your rectum to provide clearer images.

EUS is a similar test to the Sigmoidoscopy or Colonoscopy you may have already had, but is detailed and assesses the rectum in an in-depth manner

What are the benefits?

EUS is used to evaluate the abnormality within your rectum. High quality ultrasound images allow us to obtain accurate information. This enables appropriate steps in your treatment and helps avoid unnecessary interventions, such as surgery. If necessary, it can obtain a small sample of tissue (biopsy) without the need to resort to surgery. The biopsy is performed by passing a long special needle into the endoscope, under ultrasound guidance and into the abnormal tissue. This process is called Fine Needle Aspiration or Biopsy (FNA or FNB). This is useful for some tumours that are otherwise not easily accessible by usual endoscopes.

Are there any significant risks or complications?

Risks of EUS are rare and mild (0.1%). When FNA or FNB is performed, risks are slightly higher but still rare (0.5–1%). If complications occur, you may require admission to hospital for observation, blood transfusion or surgery. The risks are:

- Perforation – Making a hole in your bowel. The risk is slightly higher if there is an abnormal narrowing (stricture).
- Bleeding – There may be bleeding due to FNA or FNB, or from minor damage caused by the endoscope. This usually stops on its own and is rarely severe.
- Infection – If you have FNA or FNB, you may be given treatment with antibiotics to prevent infection, but this is only rarely needed.
- Sedation – Generally sedative is not necessary, but if you are given a sedative,

you may have a reaction to it which causes breathing difficulties. However, your oxygen levels are monitored throughout the procedure and oxygen is administered via a nasal cannula.

- Discomfort/Bloating – Mild discomfort caused by air blown into the bowel to allow it to be viewed.
- Incomplete or inadequate procedure – This can happen due to technical difficulty, faeces obscuring views, a blockage, complications during the procedure or discomfort. Although majority of the procedures provide necessary information, biopsy samples obtained may be inadequate and the procedure may need repeating.

EUS is very safe and the risk of death is extremely small.

The team in the endoscopy unit is highly trained in preventing and dealing with any complications.

Are there any alternatives?

At present the only other available alternative is surgery.

Before the test

On the day of the test all other medication should be taken as usual e.g. for blood pressure, heart condition and epilepsy. This should be with a small amount of water.

If you are diabetic, please bring your medications/insulin. If you have any queries regarding your medication please ring the endoscopy unit as soon as possible, as your appointment time may need to be changed.

If you are having FNA or FNB, a blood test is necessary to check your clotting and blood count. You will receive a request form to have a blood test at your GP practice or in the out –patient department a few days prior to the procedure. If you have not received this form then please contact the endoscopy unit.

IF YOU HAVE NOT DISCUSSED STOPPING THE FOLLOWING MEDICATIONS WITH YOUR CONSULTANT IN CLINIC PLEASE RING THE ENDOSCOPY UNIT IMMEDIATELY:

- Ticagrelor, Prasugrel, Dipyramidole and Clopidogrel
- Warfarin
- Apixaban, Rivaroxaban, Dabigatran and Endoxaban
- Any other blood thinning medication

These agents thin the blood out and you may have to discontinue them depending on the nature of the procedure planned.

Aspirin does not need to be stopped for the procedure.

Please do not bring any valuables to the hospital.

The preparation

To allow a clear view the rectum must be empty. You must not have anything to eat or drink for at least 4 hours before the test if you are having sedation (except for your usual medication which should be taken with a sip of water more than an hour before the test). Although, sedation is generally not necessary for this procedure Entonox (gas and air) is offered to help relax you.

On arrival please report to the reception

Please remember that your appointment time is not the time you will have your test carried out. There will be a waiting time between your admission and having your test done.

A nurse will check your personal details, explain the procedure and ask you a few routine questions. They will also want to know about any previous endoscopy you may have had, any other medical conditions which you may suffer from and any medication which you may be taking. Your nurse will take and record your blood pressure and pulse, and if necessary your blood sugar. An enema will be inserted into your bottom to clear your rectum to allow good views.

Please inform the nurse if you have had any allergies or bad reactions to drugs or to other tests.

If you have any worries or questions at this stage do not be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering the queries.

You will be asked to read and sign a consent form, so if you wear glasses for reading please bring them with you. There is no need to undress, but you will be asked to remove glasses immediately prior to the procedure.

During the Procedure

A nurse will stay with you throughout the test.

In the endoscopy room, you will be made comfortable on a trolley resting on your left side. Your pulse rate and oxygen levels may be monitored during the test by placing a small probe on your finger. A small nasal sponge may be placed in your nostril to give you oxygen during the test if you have had sedation. Any antibiotics may be administered through this needle.

The special endoscope will then be inserted into your rectum, it should not cause you any pain.

The endoscopist will be able to examine the relevant abnormality using the scanner at the end of the scope and if necessary perform a FNA or FNB all under EUS guidance. Any samples obtained during the procedure are prepared for analysis by colleagues from the Pathology department, who may also be present in the room. As we are a training unit, there may be other doctors, nurses or pharmaceutical representatives also present in the room.

The entire procedure lasts between 15-30 minutes depending on the complexity and whether biopsy is performed. On completion, the endoscope is withdrawn quickly and easily.

After the Procedure

A nurse will take you to the recovery area on a trolley and another nurse will take over your care. Your blood pressure, pulse and oxygen levels will be monitored at regular intervals for a period of time. When you are fully awake (if you have had sedation) you will be given a drink and a snack. You may feel a little bloated if any air remains in your bowel. Releasing this gas will ease the discomfort.

If you are on a special diet for a medical condition we may not be able to meet your dietary requirements and would advise you to bring a sandwich/biscuits with you.

Results

You will see a doctor or a nurse after the EUS who will tell you the results of the test. The results will also be forwarded to your consultant who requested the test and your doctor (GP). Results of any biopsies taken will also be forwarded to them when available in a few days.

Following sedation

It is essential that a responsible adult comes to collect you from the unit. They must be able to stay with you for 12 hours to make sure you do not have any problems. If you have no-one to stay with you, you must contact the Endoscopy booking office on the telephone number stated on your appointment letter. Once home, it is important to rest. By the next day you should feel fine but sedation lasts longer than you think.

For 24 hours following sedation you should not:

- Drive a vehicle
- Operate machinery
- Drink alcohol
- Sign any legally binding document
- Do any excessive exercise

Contact numbers

If you have any questions regarding the test please ring the Endoscopy Unit.
Royal Blackburn Teaching Hospital 01254 733191

If you have problems after the procedure when you have gone home, we will provide you with contact information for advice at the time of discharge.

Notes

Our Service

If you have any further questions about your condition, treatment or procedure please telephone:

Emergency Department:	01254 734023	Royal Blackburn Teaching Hospital
Urgent Care Centre:	01254 734023	Royal Blackburn Teaching Hospital
Urgent Care Department:	01282 804050	Burnley General Teaching Hospital
Minor Injuries Unit:	01254 359036	Accrington Victoria Hospital
Main Hospital Switchboard:	01254 263555	East Lancashire Hospitals NHS Trust

If you require this document in an alternative format or language, please contact 01282 803541

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੋੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

اگر آپ کو اس دستاویز کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں

Bengali

আপনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis

The Customer Relations Team can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

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<https://www.elht.nhs.uk/services/endoscopy>



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