Endoscopic Ultrasound (EUS)

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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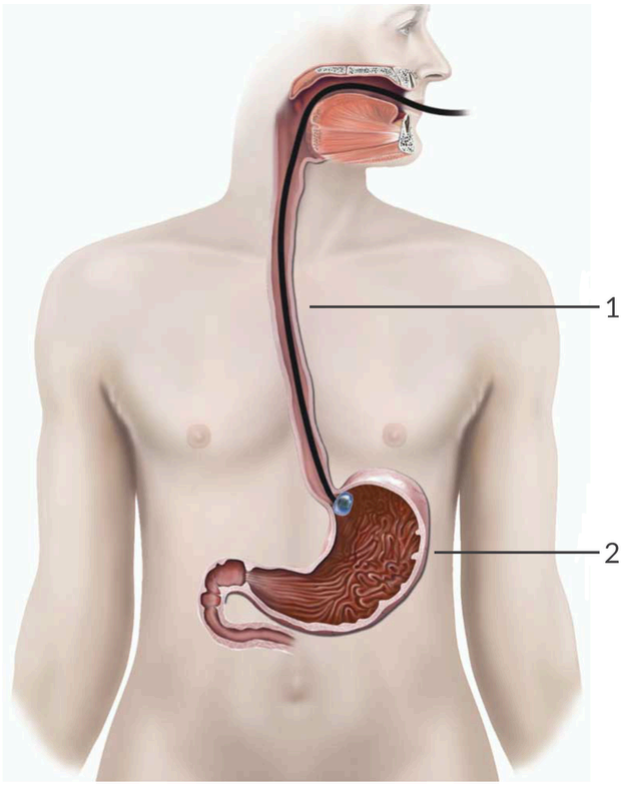
Patient Information Forum

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What is an endoscopic ultrasound?

An endoscopic ultrasound is a procedure to look at the wall of your oesophagus (gullet), stomach and duodenum using a flexible telescope.

An endoscopic ultrasound



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1. Oesophagus
2. Stomach

The telescope has an ultrasound scanner attached to it so the endoscopist (the person doing the endoscopic ultrasound) can scan structures beneath the lining of your intestines such as your bile ducts and pancreas.

What are the benefits?

You may already have had a test, such as an endoscopy or CT scan, that has shown that you have an abnormality. An endoscopic ultrasound can be used to get close-up scans to help your doctor to decide on the best treatment for you.

Are there any alternatives?

A CT scan can give some information about an abnormality. However, a scan is not as accurate and it is not possible to perform a biopsy so you may still need an endoscopic ultrasound.

What will happen if I decide not to have the procedure?

Your doctor may not be able to recommend the best way to treat your problem.

What does the procedure involve?

An endoscopic ultrasound usually takes 15 to 20 minutes.

The endoscopist may offer you a sedative or painkiller to help you to relax.

The endoscopist will place a flexible telescope (endoscope) into the back of your throat. From here the endoscope will pass into your duodenum.

The endoscopist will be able to look at the lining of these organs and, using the scanner, will be able to take ultrasound images of deeper tissue and other structures beneath the lining such as your bile ducts and pancreas.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your healthcare team may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and may even cause death.

- Sore throat.
- Allergic reaction to the equipment, materials or medication.
- Breathing difficulties or heart irregularities.
- Rarely, a heart attack or stroke can happen if you have serious medical problems.
- Damage to teeth or bridgework.
- Making a hole in your oesophagus, stomach or duodenum. You will need to be admitted to hospital for further treatment which may include surgery.

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- Bleeding from the site of an FNA or core biopsy, or from minor damage caused by the endoscope.
- Infection, if you have an FNA or core biopsy. The equipment is disinfected so the risk is low but let the endoscopist know if you have a heart abnormality or a weak immune system.
- Incomplete procedure.
- Inflammation of your pancreas (pancreatitis). This is more common if your surgeon performs a fine needle aspiration or core biopsy.
- Death. This is rare.

What happens after the procedure?

If you were given a sedative, you will be transferred to the recovery area where you can rest. You will usually recover in about an hour but this depends on how much sedative you were given.

You may feel a bit bloated for a few hours but this will pass.

You should be able to return to work the next day unless you are told otherwise.

The healthcare team will tell you the results of the procedure and talk to you about any treatment or follow-up care you may need.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

An endoscopic ultrasound is usually a safe and effective way of finding out more about a problem in the wall of your upper digestive system and in structures beneath the wall.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

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Illustrator

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