

Patient information

Endoscopic Ultrasound - Fine Needle Aspiration/ Fine Needle Biopsy (EUS FNA/FNB)

Endoscopy / Gastroenterology Aintree

You have been invited for an endoscopic ultrasound with fine needle aspiration/ fine need Biopsy, also called an EUS FNA/FNB. Please read this information carefully to prepare for your procedure. We hope this booklet will answer most of your questions however, if you would like to speak to somebody about the procedure, please contact the endoscopy unit on the number shown below.

Patient's name:

NHS No:

Your appointment is on **at**

On the day of your procedure please ensure you have the following information:

- List of current medication.
- Details and a contact number for the person who will be collecting you and escorting you home.

General points to remember

We aim for you to be seen as close to your appointment time as possible however, the endoscopy unit is very busy, and your investigation may be delayed due to circumstances outside of our control. We will always prioritise clinically unwell patients.

The hospital will not accept any responsibility for the loss or damage to personal property during your time on these premises. You are reminded to always keep your belongings with you. Please do not bring valuables to your appointment.

You should expect to be on the unit for up to four hours, sometimes this may be longer. This depends on several factors including how quickly you recover and how busy the unit.

Please make every effort to attend the appointment you have been given. If you are unable to attend, you must contact **0151 529 0604** at your earliest to reschedule.

What is an endoscopic ultrasound (EUS) fine needle aspiration/ fine needle biopsy (FNA/FNB)?

- An EUS is a test which allows us to look clearly at your oesophagus (gullet), stomach, pancreas, and bile ducts, depending on your underlying condition. The FNA/FNB allows for a sample to be retrieved.
- The scan uses ultrasound waves through the tip of an endoscope.
- The endoscope (a flexible tube with a small camera at the end) is passed down the oesophagus and into the stomach and duodenum. A scan of the surrounding structures can then be carried out.
- Although you may have had other scans done, endoscopic ultrasound is a very accurate technique, which may see things which cannot be seen on conventional scanning and can support taking a sample of an area otherwise difficult to reach.
- An FNA/FNB allows a direct tissue sample can be obtained under ultrasound guidance to assist with your diagnosis.

What are the risks associated with this procedure?

All medical procedures carry risk. The risks associated with an EUS FNA/FNB are rare and your referrer who has requested this test will have considered these risks and compared them to the benefit of having the procedure. Having sedation also has additional risks.

- There is a risk of perforation (making a hole or tear) in the gullet during the endoscopic examination. This is rare but may require an operation to repair the damage.
- There is a small risk of bleeding, which may be serious enough for you to be admitted to hospital and treated with a blood transfusion.
- There is a risk of damage to your teeth or bridgework.
- There is a risk of aspiration of fluid into the chest, causing cough or chest infection.
- Infection. This is a rare complication associated with the procedure.
- There is a risk with sedation which can reduce the breathing rate, heart rate and blood pressure. You will be monitored throughout the procedure.

What are the side effects of the procedure?

- You may have bloating and abdominal discomfort for a few hours following the procedure as air is used to inflate your stomach.
- You may have a sore throat for up to 24 hours after the procedure.

What are the benefits of this procedure?

- EUS can assist with diagnosis and provide additional information to the scans you will have already undergone.
- Direct tissue samples can be taken to assist with diagnosis.

Will the EUS FNA/FNB be painful?

An EUS is always done under conscious sedation. It is normally very well tolerated as it is not a painful procedure.

We recognise that it may be distressing, and the sedation and throat spray will help with any discomfort or anxiety you may feel.

Throat Spray

- The throat is numbed with a local anaesthetic spray which has an effect very much like a dental injection.
- The effects of the throat spray can remain up to an hour after it is given. It will wear off and you will be advised of when to resume eating and drinking.

Sedation

- Sedation is an injection given into a vein in your hand or arm. Sedation makes you feel drowsy and relaxed, but you will not be unconscious. This is not a general anaesthetic.
- You will still be able to hear and understand what is said to you. You are also able to follow instructions during the investigation.
- Sedation can sometimes make you unable to remember the test. You may feel drowsy later on with intermittent lapses of memory.
- If you have had sedation, it remains in your blood system for up to 24 hours. You will be instructed that you must not drive, consume alcohol, operate machinery or sign legal documents.

You will need someone to escort you home and stay with you for the next 24 hours.

If you do not have someone to collect you and remain with you overnight at home, we will **not** be able to give sedation **and this may result in your procedure being cancelled.**

Preparing for an EUS FNA/FNB

Eating and Drinking

To allow a clear view, the stomach must be empty, so please follow these instructions:

- **You must not eat solid food or have drinks with milk six hours before the procedure.**
- You are permitted to drink small amounts of clear fluid up to two hours before the procedure.
- If your **appointment is in the morning** have nothing to eat after midnight but you may have a small amount of water at 6am.
- If your **appointment is in the afternoon**, you may have a light breakfast before 8am and small amounts of water until two hours before your appointment.

Medications

Your routine medication should be taken as normal. You can take your regular medications up to two hours before your procedure time with a small amount of water. Please inform the nurse on the day. Bring any medication you are currently taking (including sprays and inhalers) with you to your appointment.

Medications for Diabetes

- If you have diabetes and are taking tablets or insulin, then you will need a morning appointment.
- Please ensure the endoscopy department is aware of your health condition so that you can be offered a morning appointment with the appropriate advice. If you have questions about your medication, please contact the clinical specialist nurses on 0151 529 0385.

Anticoagulant Medications

- If you are taking blood thinning medication and have not been given specific advice, please telephone 0151 529 0385.
- These medications include:

Warfarin	Clopidogrel
Dabigatran	Dipyridamole
Rivaroxaban	Ticagrelor
Apixaban	Prasugrel
Edoxaban	

Medications for Epilepsy

- Please ensure the endoscopy department is aware of your health condition so that you are offered a morning appointment only.
- Please continue to take your regular medications as usual unless informed otherwise by a specialist nurse or doctor.

Allergies

- On the day of your procedure, you will be asked if you have any allergies. Please you have this information available.
- Please telephone the unit if you have an allergy to latex.

What happens when I arrive?

- When you arrive in the elective care centre, please go to the endoscopy reception on the third floor. You will need to give your name to the receptionist who will check that your personal details and current general practitioner (GP) information is correct.
- You will be asked to wait until you are called by a qualified nurse or clinical support worker. They will ask you several questions, one of which is about your travel arrangements for getting home.

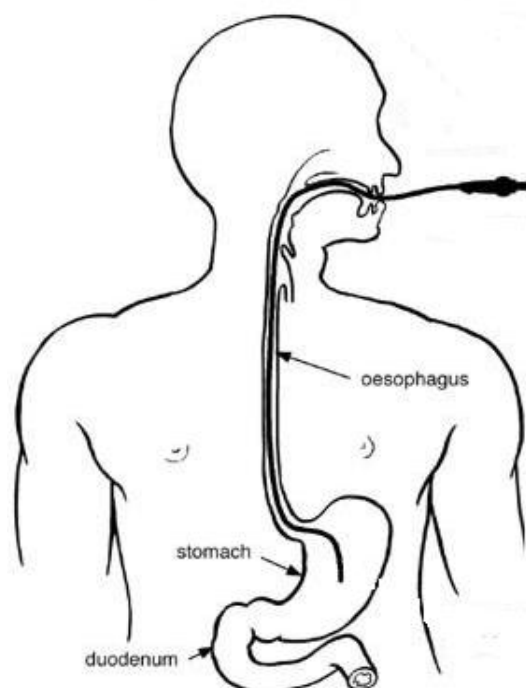
- Sedation is required for EUS. This means you must not drive or travel home alone, and the nurse will ask for your escort's phone number. We will contact your escort when you are ready to leave.
- The nurse will discuss the procedure with you and will answer any questions you may have.
- You will be asked about your medical history to assess that you are fit to have the procedure.
- You will have your blood pressure, pulse, breathing rate and oxygen levels measured.
- If you are diabetic, you will have your blood glucose level checked.
- If you are taking warfarin, you will have your clotting level checked.
- Once your assessment is complete the nurse will discuss the risks and benefits of having this procedure you will be asked to sign a consent form which confirms that you understand what has been explained to you this must include the examination and the risks involved in the procedure.
- As you are having sedation, a cannula (small plastic tube) will need to be inserted in the back of your hand or arm to give you the sedation. You may be called for this to be done before reaching the procedure room or it may be inserted when you are taken in.
- You will then be asked to take a seat back in the waiting area until the theatre is ready for you.
- In turn you will be escorted into the theatre where the endoscopist and the nurses will introduce themselves, perform some final safety checks and you will have the opportunity to ask any final questions.
- You will be given oxygen during the procedure via small prongs in the nostrils and we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected to a finger probe to measure your oxygen levels and heart rate during the procedure. Your blood pressure will also be recorded.
- At this point you will be asked to remove dentures or any oral jewellery and then the throat spray will be administered. The throat spray has a peculiar taste however is very effective. It numbs the back of your throat making it easier for the camera to pass.
- The sedation will be given through the cannula in your hand or arm.
- The sedation is only given to you when you are in the procedure room, laying on the bed and the test is about to begin, it is very fast acting so do not worry. Please remember the sedation is conscious sedation and you will not be put to sleep.

You will be having sedation for the procedure; you will be advised not to drive or travel home alone.

The department also looks after emergencies, and these can take priority over our outpatient lists.

What will happen during the EUS FNA/FNB?

- Your test will be performed by a qualified endoscopist or a trainee endoscopist under direct supervision.
- The procedure will be done whilst you are laying on your left side.
- The nurses will ask you look towards your feet and keep your chin towards your chest.
- You will be asked to remove dentures or glasses.
- A mouthguard (plastic dental device) will be inserted into your mouth. Try not to bite on this as you may cause dental damage.
- You will be asked to lie on your left side and then given an injection to make you relaxed and sleepy. This is not a general anaesthetic, and you will not be unconscious, but it is unlikely that you will remember much about your test.
- You will be given additional oxygen during the procedure.
- The EUS involves manoeuvring the endoscope around the upper digestive tract which includes the oesophagus (sometimes called the gullet), stomach and first part of the small bowel which is called the duodenum.
- Air is gently passed into the upper digestive tract during the investigation to facilitate the passage of the endoscope.
- The endoscopist will identify the area to be sampled and then use a fine needle to aspirate cells and tissue to be sent for analysis in our laboratories.
- Whilst all of the above is happening you will be reassured by a nurse that you are safe you, you can breathe normally and if needed suction will be used to remove any fluid from your mouth.
- One of the nurses during your procedure is dedicated to making sure you are looked after.



After your procedure

- After your procedure is complete you will be taken to the recovery room. You will be allowed to rest until you are recovered.
- Your blood pressure, heart rate and oxygen will be monitored.
- If needed, we will re-check your blood sugar levels.
- You will be required to stay for at least one hour from the time the sedation was administered.
- You can eat and drink once the numbness caused by the throat spray has worn off.
- The findings of your test will be explained to you.
- You will be given written discharge information.
- The nursing staff will telephone the person collecting you when you are ready for discharge.
- Your escort will need to collect you from the discharge area which is located at the rear of the endoscopy unit reception. You will not be allowed home without an escort after sedation.
- You should plan to have someone stay with you overnight following the EUS as the effects of the sedation can make you sleepy and forgetful for 24hrs after the procedure.

For 24 hours following the sedation you:

- Must not drive a vehicle.
- Must not operate machinery.
- Must not drink alcohol.
- Must not sign any legal documents.
- Must not be left alone to care for children.

How will I find out the results of the test?

- Before you leave the unit, the nurse or endoscopist may discuss the findings of your report. You will be told about any medication or further investigations required.
- If you require further investigations, you will be advised on how these will be arranged for you.
- A copy of the report will be given to you and another copy will be sent to the referrer and a third copy to your GP.
- Please do not contact the endoscopy department for the results of any biopsies taken.
- These will be available from your referrer and GP. These results will be discussed with you in clinic.

Important

If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately and tell them that you have had an EUS/FNA/FNB procedure and take our endoscopy report with you.

If you are unable to contact or speak to your doctor, you must go immediately to your nearest Accident and Emergency department with your endoscopy report.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Car Parking

The Trust's five-floor, multi-storey car park has space for 1,250 vehicles including 50 disabled parking spaces. The multi-storey is located at the rear of the hospital, in front of the elective care centre and is connected by a link bridge. This is the ideal location to access the endoscopy unit which is situated on the third floor of the elective care centre.

There is a charge for car parking at Aintree Hospital. For further information on the charges please see the Aintree Hospital website:

http://www.aintreehospitals.nhs.uk/patient_information/parking_information.asp
or telephone the customer services department on 0151 529 3287.

Further information

If you have any questions about your examination and would like to speak to somebody about the procedure, then please call the endoscopy unit Monday - Friday 9am - 5 pm on:

Tel: 0151 529 0604 (admin queries) or 0151 529 0385 (for procedure/medication queries).

Useful websites

www.aboutmyhealth.org – for support and information you can trust.

www.corecharity.org.uk – Digestive disorders foundation.

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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زانباریی پیوه‌نیدار بهو نه‌خوشانه‌ی له‌لایهن تراسته‌وه په‌سه‌ند کراون، نه‌گه‌ر داوا بکریت له فؤرماته‌کانی تردا بریتی له زمانه‌کانی تر، ئیزی رید (هاسان خویندنه‌وه)، چاپی گه‌وره، شریتی ده‌نگ، هیلای موون و ئه‌لیکترۆنیکی هه‌یه.

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