

## Patient information

# Inpatient Endoscopic Ultrasound Examination EUS and Fine Needle Aspiration Biopsy FNAB

## Gastroenterology Department

Your consultant or doctor has advised you to have an EUS (Endoscopic Ultrasound Examination) with FNAB (Fine Needle Aspiration-Biopsy).

### What is an EUS and fine needle aspiration biopsy?

You are possibly familiar with an ultrasound scan, on use of which is to look at babies in the womb of pregnant women by rolling a probe over the abdomen. An EUS combines an ultrasound scan with endoscopy (flexible camera) so that fine detail of the lining of the gut or of certain internal structures can be examined. If an abnormal area is identified within the internal organs, a very fine needle can be passed into it to take a sample: this is called FNAB.

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors and nurse practitioners in training to perform endoscopy may perform your test under supervision by a skilled endoscopist. You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse and your decision will not affect your treatment in anyway.

### What are the benefits of an EUS and fine needle aspiration biopsy?

The purpose of the fine needle aspiration biopsy (FNAB) is to get tissue samples in order to make a specific diagnosis to plan your further investigation and management.

### Are there any alternative procedures available?

An alternative procedure is a CT (Computerised Tomography) guided fine needle biopsy. The CT scan is used to guide the needle to the abnormal area to take a sample of tissue. If you want to discuss this further you must speak to the doctor.

### What will happen if I decide not to have this procedure?

If you decide not to have this procedure then a diagnosis may not be made and the appropriate treatment may not be given.

### What are the risks of an EUS and fine needle aspiration biopsy?

- EUS is a very safe procedure. The chance of any complication is minimal. There is a small chance of a reaction to the drugs used for sedation or occasionally even.

- from the throat spray. You may have a slightly sore throat from the procedure, which will usually wear off within 24 hours.
- You will not feel the needle used internally for the FNAB. It is so small that it usually causes no problems. There is a small risk of bleeding, pancreatitis or infection but these can usually be treated if they arise.
- There are no known risks associated with the ultrasound part of the procedure.
- The flexible camera can very rarely cause perforation or tear of the lining of the gut.

### **What anaesthetic or sedation will I be given?**

Both local anaesthetic throat spray and intravenous dual sedation will be given to you. The local anaesthetic spray is used to numb your throat, while the intravenous sedation involves an injection given into your arm, which will make you slightly drowsy and relaxed. You will not be unconscious.

The drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

**You must not drive: operate machinery, climb ladders or sign important documents for 24 hours following the sedation.**

A side effect of these drugs is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the test.

**If you are worried about any of these risks, please speak to your consultant or a member of their team.**

### **Getting ready for your procedure**

- **Do not have anything to eat for at least six hours before your test.** This is to make sure that we can have a clear view of your stomach.
- You will be asked to remove any tight clothing, ties, dentures, spectacles and contact lenses.
- Please **do not** bring large amounts of cash or valuables with you as the Trust cannot be held responsible for them.

### **Important: If you have:**

- ❖ **Diabetes**
- ❖ **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**
- ❖ **Anticoagulants:**
  - **Warfarin**
  - **Heparin/Low molecular weight heparin (including enoxaparin/dalteparin)**
  - **Dabigatran**
  - **Rivaroxiban**

- **Sinthrome**
- **Apixaban**
- **Fondaparinux**
- **Edoxaban**

❖ **Antiplatelet therapy:**

- **Clopidogrel (Plavix)**
- **Prasugrel (Efient)**
- **Ticagrelor (Brilique)**
- **Dipyridamole (Persantin) and aspirin**

❖ **Are on dialysis.**

❖ **Have suffered a heart attack within the last three months.**

**You must contact the Endoscopy Unit as soon as you receive this information leaflet.**

**Tel: 0151 706 2656**

**Text phone number: 18001 0151 706 2656**

**When you come to the department, please tell the doctor or nurse about any drugs you are taking and in particular, about any possible allergies or bad reactions you may have had in the past.**

**Your EUS and fine needle aspiration biopsy**

- In the endoscopy room you will be made comfortable lying on your left side; you will be given some oxygen through your nose. The test involves passing a slim telescope through the mouth and down into the oesophagus and stomach.
- You may have already had a gastroscopy and this test is very similar from your point of view. EUS is not a painful procedure but the sensation is slightly unpleasant.
- This entire procedure lasts between 30 and 40 minutes.

**After the EUS and fine needle aspiration biopsy**

You will be transferred back up to the ward after the test is completed and the nursing staff will monitor your blood pressure and pulse for the next two hours then every four hours overnight.

**Results**

Sometimes the doctor or nurse can let you know after the test what the results are. Sometimes photography, or other information is taken. If FNAB was performed this may need further assessment in the laboratory and the result may not be available for a week or two.

You will be given an appointment to attend clinic for your results, these will also be sent to your family doctor (GP) and be available to discuss with you during your next clinic appointment.

### **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.

### **Further information**

**If you have any questions or queries, please contact the Endoscopy Unit during the following hours**

<b>Monday – Thursday</b>	<b>0800 – 2100 hrs</b>
<b>Friday</b>	<b>0800 – 1700 hrs</b>
<b>Saturday/Sunday/BH</b>	<b>0800 – 1600 hrs</b>

### **Clinic appointment enquiries**

**Tel: 0151 706 5555**

**Text phone number: 18001 0151 706 5555**

### **The Emergency Department (A&E) is open 24 hours**

**Tel: 0151 706 2051/2050.**

**Text phone number: 18001 0151 706 2051/2050**

### **Hospital Royal Liverpool**

**Tel: 0151 706 2656**

**Text phone number: 18001 0151 706 2656**

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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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