

# Having an endoscopic ultrasound (EUS) examination

## Endoscopy Department

### Information for Patients

Last reviewed: January 2025

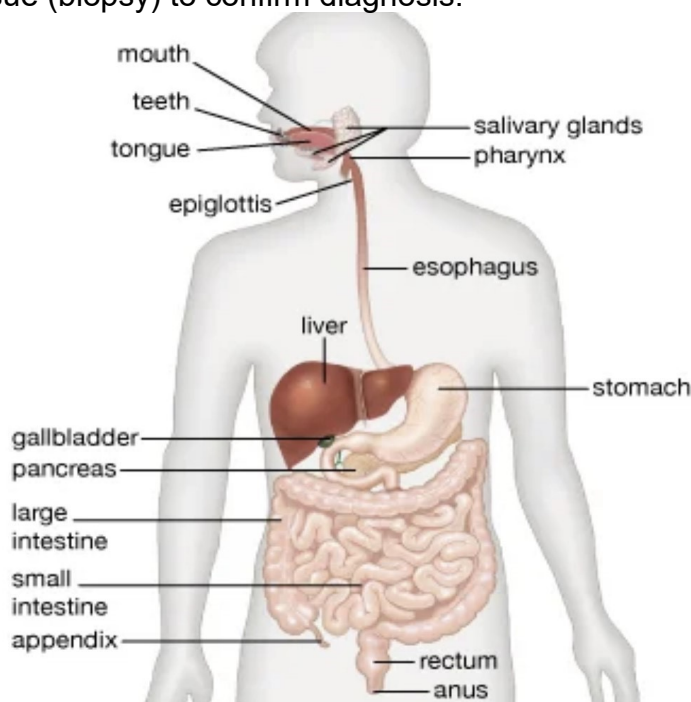
Next review: January 2026

Leaflet number: 571 Version: 6

This leaflet will explain more about the procedure and the care that you will get while you are in the Endoscopy Department. If you have any questions about the procedure you can ask your doctor, nurse specialist (key worker) or endoscopy staff.

## What is an endoscopic ultrasound?

An endoscope is a long flexible tube. It is put into your mouth and down into your tummy (stomach). The tip of the endoscope has a special probe. It scans your body parts. The probe uses high frequency sound waves. The sound waves create pictures of nearby body parts. The probe can be placed very close to the organs. This means the images are very clear. We can see even quite small abnormalities. We can assess your disease. We can also take a small sample of the tissue (biopsy) to confirm diagnosis.



**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Why do I need an endoscopic ultrasound?

We are doing this to assess disease in any of the following:

- pancreas
- liver
- oesophagus
- the structures around the lungs
- stomach
- gallbladder and bile system

It can also be used to treat some long term pain caused by pancreatic cancer or chronic pancreatitis. We inject some pain relief into the nerves that send pain messages to the brain.

## Are there any other choices?

The information we get from this test is unique. This procedure has fewer complications and risks than many other investigations. There are no other choices to this test.

## How do I get ready for my procedure?

- For the test to be done as safely as possible, it is very important that you do not have anything to eat or drink for at least 6 hours before your appointment time.
- Please make sure that you have a responsible adult to drive you home. They need to stay with you for 24 hours. This is very important as we give sedation for this procedure. Sedation will make you feel more relaxed. It will help you manage the procedure. Sedation can stay in your body for up to 24 hours.
- We give sedation as an injection. It will make you feel sleepy and relaxed. It is not a general anaesthetic so you will not be fully asleep. It is quite common not to remember parts of the procedure afterwards. This is due to the effects of the sedation.
- If you need ambulance transport, please arrange this with your GP. It must be done at least 7 days before your appointment.
- If you are using hospital transport, you must have someone waiting at home. They need to stay with you when you get back.
- If no one can stay with you, you will have to stay in hospital after the procedure. Please tell the endoscopy department this before your appointment day. We will need to organise a bed. If there are no available hospital beds on the day of your procedure, then your appointment will have to be rebooked.
- You need to remove all jewellery or metal objects before the procedure. Please leave all valuables at home.
- Please bring any medicines you are taking with you to your appointment. This includes sprays and inhalers.
- Please contact the Endoscopy Department for advice if you are taking warfarin, clopidogrel (Plavix®) or any other blood-thinning medication.

**Please contact the Endoscopy Department if you are diabetic. We will give you information on how to manage your diabetes during fasting.**

## **What happens before my procedure?**

Your EUS will be in the Endoscopy Department. It will be at either Glenfield Hospital or Leicester Royal Infirmary. Please check your appointment letter for the location.

- A doctor will explain the procedure to you in detail. You will have the chance to ask any questions you may have. You will then be asked to sign a consent form. This does not take away your right for the procedure to be stopped at any time you choose.
- An endoscopy nurse will stay with you throughout your test.
- You will need to take any dentures out.
- We spray the back of your throat with a local anesthetic spray to numb it. This has a bitter taste. You will have a short-term loss of feeling (for about 45 minutes) in your throat and tongue. This will reduce your 'gag' reflex.

## **Are there any possible risks?**

As with any procedure, there are some possible risks, including:

- You may have a sore throat for some hours after the procedure. This is due to the tube that was in your throat
- Tummy (stomach) discomfort from the air we put into the tummy (stomach) during the procedure, so we can see the area in full.
- There is a small risk of damage to crowned teeth or dental bridgework. Please tell a member of endoscopy staff before the procedure if you have any loose teeth, caps or crowns. Any dentures will need to be removed before the procedure.
- If biopsies are taken, there is a risk of infection. If needed, we may give you antibiotics to help stop an infection.
- Bleeding (during or after the procedure). We may need to admit you to hospital so you can have a blood transfusion. We have special equipment that can stop bleeding very quickly if this does happen.

Other risks which can occur but are less common:

- Breathing problems as a result of the sedative. We monitor you throughout the procedure for any concerns. We give you oxygen therapy to stop this risk from happening. We have medication which can reverse this, if needed.
- If any food or fluid in your tummy (stomach) comes up during the procedure and gets into your lungs (aspiration), this can cause an infection. It may need to be treated in hospital with antibiotics. This is why you must not eat or drink for 6 hours before your appointment.
- A hole or tear in the gullet (perforation). There is a 1 in 2000 chance of this happening. This

may need urgent treatment with special equipment we have available. It can sometimes need an operation to repair.

- If a sample is taken from the pancreas, there is a risk of the pancreas swelling (pancreatitis). If you get any very bad pains, sickness, nausea, diarrhoea or a high temperature (fever) after the procedure you will be kept in hospital to monitor and treat any symptoms.
- Risk to life. This is rare, but has a 1 in 10,000 chance.

**You will be closely monitored throughout the procedure for any risks or complications.**

## What happens during my procedure?

- You will be made comfortable on a couch. You need to lie on your left hand side. We attach monitoring equipment to your right arm and one of your fingers.
- You will not need to remove your clothes. You may be asked to loosen any clothing that fits tightly around your neck.
- A sedative will be given to you through a small plastic tube (cannula). This is placed into a vein in your arm. We will remove this before you leave the Endoscopy Department to go home. The sedative will be given as an injection. It will make you feel sleepy and relaxed. It is not a general anaesthetic. You will not be fully asleep. It is quite common not to remember parts of the procedure afterwards due to the effects of the sedation.
- To keep your mouth open, we put a small plastic mouth guard between your teeth and gums. We will give you oxygen through your nostrils.
- The endoscope will be put in your mouth, down your gullet and into your tummy (stomach). The test takes about 30 to 40 minutes, or more depending on the type of the procedure.
- During your test, photographs and ultrasound pictures may be taken. These will be put in your medical notes to let other doctors involved in your care see any abnormality.

As we are a university teaching hospital for both doctors and nurses, students may be in the room to watch the procedure. If you would rather not have students in the room, please tell your nurse or doctor.

## What happens when my procedure is over?

You will be allowed to rest quietly in the recovery area. A nurse will observe you until the main effects of the injection have worn off. You will be told when you can eat and drink. We will remove your cannula before you go home.

After an EUS, patients are usually allowed home. Please arrange for a relative or friend to collect you directly from the ward to take you home. Please ask the ward staff about what time to arrange your transport home. Sometimes, you may need to stay overnight for further observation.

You will not be able to go home by public transport.

Once home you should rest for the rest of the day.

## What should I avoid doing when I get home?

For 24 hours after your procedure, you **must not**:

- drink alcohol
- drive any vehicles (including motorcycles, bicycles, sit-on lawn mowers)
- take sleeping tablets
- operate any machinery or do anything that needs skill or judgment
- make important decisions or sign any legal or binding documents
- climb any ladders or chairs

## When to get medical help

You should call the endoscopy department where you had your procedure if you:

- Have very bad pain in your throat or tummy (abdomen) or pain in your shoulder
- Are being sick (vomiting), including vomiting blood.
- Have a temperature above 38°C.
- Have any redness, tenderness or swelling where the sedation was injected.
- Have difficulty breathing which is unusual and new for yourself.

If any of these happen outside of opening hours, after your procedure please go to the **Emergency Department**.

## Contact details

For more advice and support visit the NHS website [www.nhs.uk](http://www.nhs.uk) or call the NHS helpline on 111 for non-emergency medical advice.

If you have any questions or concerns please call:

- Leicester Royal Infirmary Endoscopy Department on 0116 258 6997 or 0116 258 6995.  
Monday to Sunday, 8am to 6pm.
- Glenfield Hospital Endoscopy Department on 0116 258 3130  
Monday to Friday, 8am to 9pm.
- For any questions out of hours contact Ward 42 at Leicester Royal Infirmary on 0116 258 6284.

## More information

Your nurse specialist will be able to signpost you to sources of help and information about your disease.

- **Leicester HPB Unit** - website: [www.hpbleicester.com](http://www.hpbleicester.com)
- **Guts UK** - charity for research and information on gut, liver and pancreas disease.  
Website: [www.gutscharity.org.uk](http://www.gutscharity.org.uk)
- **British Liver Trust** - national charity for adult liver disease.  
Website: [www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk)  
Email: [helpline@britishlivertrust.org.uk](mailto:helpline@britishlivertrust.org.uk) / Helpline: 0800 652 7330
- **Pancreatic Cancer UK** - central resource of information on pancreatic cancer for patients and carers.  
Website: [www.pancreaticcancer.org.uk](http://www.pancreaticcancer.org.uk) / Email: [nurse@pancreaticcancer.org.uk](mailto:nurse@pancreaticcancer.org.uk)
- **AMMF - The Cholangiocarcinoma Charity**, bile duct cancer charity.  
Website: [www.ammf.org.uk](http://www.ammf.org.uk) / Email: [Info@ammf.org.uk](mailto:Info@ammf.org.uk)

If you have any questions, write them down here to remind you what to ask when you speak to your nurse, doctor or consultant:

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اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
 على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
 જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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