

# Procedure Information Sheet - Endoscopic Ultrasonography (EUS)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

## 1. Introduction

- 1.1. EUS combines the technology of endoscopy and high frequency ultrasound examination into one. Apart from ordinary endoscopic examination of the gastrointestinal tract lining, it can also diagnose lesions below the mucosa or in the organs next to the gastrointestinal tract.
- 1.2. Under real time ultrasound monitoring, doctor can perform fine needle aspiration (FNA) to obtain tissue for cytological analysis to confirm the diagnosis, and at the same time perform various therapeutic procedures.
- 1.3. After years of research, EUS is now widely used in the diagnosis of diseases of oesophagus, stomach, pancreas, gallbladder and bile duct, liver, colon and lung. In particular, it is useful in diagnosing early cancer and staging of cancer.

## 2. Procedural Preparation

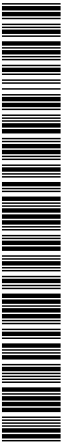
- 2.1. A written consent is required.
- 2.2. Patient should fast (no food nor drink) for at least 6 hours before the examination.
- 2.3. Before rectal or colonic EUS examination, patient should only have a low fibre diet (i.e. no fruit, vegetables, nuts, etc.) for three days before the examination.
- 2.4. Consume all laxative as instructed, or else the examination cannot proceed.
- 2.5. However, if patient has severe sweating, palpitation, vomiting, dizziness and abdominal pain after taking the laxative, please stop and inform the doctor or the nurse immediately and go to the nearby hospital or Accident and Emergency Department if condition getting worse.
- 2.6. Do not bring any valuables or wear any metallic belongings or jewellery to the procedure room. Dentures, glasses and contact lens should be removed.
- 2.7. Avoid make up or nail polish for it may interfere with detection of vital signs.
- 2.8. Patient should inform the medical staffs of any major medical problems including diabetes, hypertension and pregnancy.
- 2.9. Patient should also provide information regarding their current medications especially the use of antiplatelet, anticoagulation drugs and allergic history.
- 2.10. Patient should arrange companionship with adult relative or friend on discharge.
- 2.11. Heavy drinking, smoking or use of sedative before the procedure should be avoided.

## 3. Procedure

- 3.1. Prior to the examination, depending on individual patient's condition, intravenous sedative may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
- 3.2. In upper GI case, local anaesthetic will be sprayed on the throat causing some numbness. Patient will be instructed to bite on a plastic mouth guard so as to facilitate the insertion of endoscope by your doctor.
- 3.3. Patient should lie on left side.
- 3.4. Doctor would then pass an endoscope through the mouth down to the gastrointestinal tract of the patient in upper GI case, or insert through the anus up to the large bowel of the patient in lower GI case.
- 3.5. Patient is under close monitoring during the procedure.
- 3.6. In general, the procedure would last about 30 minutes. In complex cases that require additional therapies, or fine needle aspiration, the examination time will be prolonged.

## 4. Possible Risks and Complications

- 4.1. EUS is a safe procedure.
- 4.2. The local anaesthetic causes numbness in the throat for around an hour, resulting in difficulty in swallowing.
- 4.3. If FNA is performed, minor bleeding may occur at the site.



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- 4.4. Minor discomfort including nausea and distension discomfort of the stomach and mild sore throat is common. It will subside within a day.
- 4.5. Other potential and serious complications including bowel perforation, aspiration pneumonia, allergic reaction to drug, complications arising from heart or lung diseases, and infection can happen but they are uncommon. When major complications arise, emergency surgical treatment may be needed.
- 4.6. The complication rate varies with patient's conditions and the complexity of the diagnostic and therapeutic methods performed.

### 5. Post-procedural information

- 5.1. As the effect of local anaesthetic will persist for about an hour, patients should remain fasted until anaesthesia has worn off. This prevents choking with food or fluid intake.
- 5.2. If the patient has received intravenous sedation, the patient should avoid operating heavy machinery or driving for the rest of the day to prevent an accident. Also he/she should avoid signing any legal document.
- 5.3. The patient may contact the Endoscopy Centre during office hours for any discomfort after the procedure, or any question about the examination result and drug treatment.
- 5.4. If patient has the following conditions such as passage of large amounts of blood, severe abdominal pain, or fever, he/she should seek medical advice at the nearest Accident and Emergency Department.

### 6. References

- 6.1. Smart patient website by Hospital Authority (2017). Patient Information on Endoscopic Ultrasonography Examination. Retrieved from: [https://www.ekg.org.hk/pilic/public/IM\\_PILIC/IM\\_EndoscopicUltrasonography\\_0046\\_eng.pdf](https://www.ekg.org.hk/pilic/public/IM_PILIC/IM_EndoscopicUltrasonography_0046_eng.pdf)
- 6.2. American Society for Gastrointestinal Endoscopy (ASGE) (2017) Patient information: Understanding EUS (Endoscopic Ultrasonography). Retrieved from: <http://www.asge.org/patients/patients.aspx?id=380>
- 6.3. Gastrointestinal Association, P. C. (2016) Endoscopic Ultrasound (EUS) Retrieved from: <http://www.gihealthcare.com/endoscopic-ultrasound-eus/>

I, \_\_\_\_\_ acknowledged that the above information concerning the operation or procedure has been explained by Dr \_\_\_\_\_. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:  
Patient No.:                      Case No.:  
Sex / Age:                        Unit Bed No.:  
Case Reg. Date & Time:

Patient Signature: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Date: \_\_\_\_\_

