

# **Singh Surgical Partnership**

## **Patient Information**

### **Endoscopic Ultrasound**

#### **What is an Endoscopic Ultrasound?**

Endoscopic ultrasound (EUS) combines endoscopy and ultrasound to obtain images and information about various parts of the digestive tract. In EUS an ultrasound probe is mounted on the tip of a modified endoscope (flexible, lighted tube) and, by passing this endoscope into the digestive tract, it is possible to obtain high quality ultrasound images internally.

The use of sound waves will allow Mr. Singh to obtain more accurate information about layers of the gut wall. The ultrasound waves also penetrate through the gut wall enabling the Mr. Singh to obtain pictures of important organs next to the gut such as blood vessels, lymph nodes, pancreas, liver, gallbladder and bile duct. In this way it is sometimes possible to obtain images and information, which cannot be obtained from other sources, for example CT scan.

EUS is a relatively new technique and can be useful in the staging of cancer. It is important to find out how advanced the tumour is, in order to select the most appropriate therapy and information about prognosis; this is called 'staging'. This meets standardised criteria, which include assessing the depth of the penetration through the gut wall, the involvement of adjacent lymph nodes and spread to distant organs such as the liver. All this information can help the surgeon decide whether the tumour can be removed or not.

#### **Risks**

All endoscopy procedures carry a very small risk (less than 1 in 1,000) of a perforation or post examination bleed, following which surgery may be necessary. Other rare complications include a reaction to the sedative drugs and development of a chest infection if you inhale any fluid during the procedure. EUS may also involve a slight risk to crowned teeth or dental bridgework.

#### **Preparation**

Your stomach must be empty so do not eat and drink for at least 6 hours prior to the examination. If you need to take prescribed medicines, please swallow with only small sips of water only.

## **What to expect**

### *Before the Examination*

Mr. Singh will explain the procedure to you and will be happy to answer any questions you may have. He will then ask you to sign a consent form, giving him permission to perform the examination.

You will have your pulse, blood pressure and respiratory rate recorded and be asked some questions regarding your previous medical history. Diabetic patients will have their blood glucose levels recorded. You will be asked to put on a hospital gown and to remove any glasses, contact lenses, dentures and nail varnish.

### *During the Examination*

You will be taken down to the x-ray department and in the treatment room you will be made comfortable on a couch, resting on your left-hand side. A small peg will be put on your finger to monitor your pulse rate and oxygen level and a cuff will be placed around your arm to monitor your blood pressure. A needle that introduces a small plastic tube (cannula) will be inserted into a vein in your arm or hand through which the anaesthetist will administer the anaesthetic. Local anaesthetic spray may be used to numb your throat. A plastic mouthpiece will be placed in your mouth to protect the endoscope and your teeth; the endoscope will be passed through the mouthpiece and into your stomach. The endoscope will not interfere with your breathing or cause any pain. You will not feel Mr. Singh doing the diagnostic maneuvers and the examination will take from 30 – 45 minutes. At the end of the procedure the Mr. Singh will remove the endoscope without any pain.

### *After the Examination*

You will be taken back to the ward where you will be sleepy for about an hour, by this time; the main effects of the anaesthetic will have worn off. The local anaesthetic spray that you had to your throat means that you must not eat and drink for an hour. After this, you can eat and drink normally. Your abdomen may feel slightly bloated as air was inserted into your stomach during the examination. This will pass spontaneously.

After the test Mr. Singh will see on the ward and discuss the results with you and whether any treatment or follow up is necessary.

## **Your safety**

You will be required to have an anaesthetic for the examination; it is therefore essential that you have someone who is able to drive you home, as you will not be able to drive for 24 hours afterwards. It is also recommended that after the anaesthetic you do not operate machinery or make important decisions for the remainder of the day, as your judgment and reflexes may be impaired

Having read this document, you may have questions that you wish to have answered. Please write these questions down and Mr. Singh will be happy to answer them for you at your next appointment. Alternatively you can email Ruth Singh ([ruth@singhsurgicalpartnership.com](mailto:ruth@singhsurgicalpartnership.com)) with your questions or call Mr. Singh's secretary on 01252 783929 and leave a message for Mr. Singh