

WHAT ARE THE POSSIBLE COMPLICATIONS OF EUS?

Although complications can occur, they are rare when doctors with specialized training and experience perform the EUS examination. Bleeding might occur at the biopsy site, but it is usually minimal and rarely requires a follow up. You might have a slight sore throat for a day or so. Non-prescription anesthetic-type throat lozenges can help soothe a sore throat.

Other potential, but uncommon, risks of EUS include a reaction to the sedative used, aspiration of stomach contents into your lungs, infection and complication from heart or lung diseases. One major, but very uncommon, complication of EUS is perforation -- a tear through the lining of the intestine that might require surgery to repair.

The possibility of complications will increase slightly if a deep needle biopsy is performed during the EUS examination. These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition.

WHAT HAPPENS AFTER EUS?

Because you will be sedated, you will be monitored in the recovery area until most of the medication's effects have worn off. If you had an upper EUS, your throat might be a little sore. You might feel bloated because of the air and water that were introduced during the procedure. You will be able to eat after you leave the procedure area, unless you are instructed otherwise.

Your doctor generally will inform you of the results of the exam that day, but some tests may take several days for the results to return.

FOR MORE INFORMATION

For more information, contact your referring physician or download the EUS App developed by Florida Hospital physicians.



IMPORTANT REMINDER:

The preceding information is intended only to provide you with general information and does not serve as a definitive basis for diagnosis or treatment in any particular case. It is very important to consult with your doctor about your specific condition.



Understanding Endoscopic Ultrasonography

(EUS)



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KNOWING ENDOSCOPIC ULTRASONOGRAPHY (EUS)

You have been referred to the Center for Interventional Endoscopy at Florida Hospital to have an endoscopic ultrasonography, or EUS, that will help your doctor evaluate and/or treat your condition. This brochure will provide answers to frequently asked questions about the procedure. If you have additional questions, discuss them with your referring physician, your endoscopist or your endoscopy nurse. Endoscopists are highly trained specialists who welcome your questions regarding their credentials, training and experience.

WHAT IS EUS?

EUS allows your doctor to examine your stomach lining as well as the walls of your upper and lower gastrointestinal (GI) tract. The upper tract is the esophagus, stomach and duodenum; the lower tract includes your colon and rectum. EUS is also used to study internal organs that lie next to the GI tract, such as the gallbladder and pancreas.

Your endoscopist will use a thin, flexible tube called an endoscope, which will be passed through your mouth or anus area to be examined. Your doctor will then turn on the ultrasound attachment to produce sound waves that create visual images of the digestive tract.

WHY IS EUS NECESSARY?

EUS will provide your doctor with more information than other imaging tests by supplying more detailed pictures of your digestive tract. Your doctor can use EUS to diagnose the cause of conditions such as abdominal pain or abnormal weight loss. Or, if your doctor has ruled out certain conditions, EUS can confirm your diagnosis and give you a clean bill of health.

EUS is also used to evaluate an abnormality, such as a lump, that was detected at a prior endoscopy. EUS provides a picture of the lump, which can help your doctor determine its nature and help him/her decide the best treatment.

In addition, EUS can be used to diagnose diseases of the pancreas, bile duct and gallbladder when other tests are inconclusive.

WHY IS EUS USED FOR PATIENTS WITH CANCER?

EUS helps your doctor determine the extent of certain cancers of the digestive and respiratory systems and accurately assess the cancer's depth and whether it has spread to adjacent lymph glands. In some patients, EUS can be used to obtain biopsies to help your doctor determine the proper treatment.

HOW SHOULD I PREPARE FOR EUS?

For EUS of the upper gastrointestinal tract, you should have nothing to eat or drink, not even water, for approximately six hours before the procedure. Your doctor will tell you when to begin fasting.

For EUS of the rectum or colon, your doctor will instruct you to either consume a large volume of a special cleansing solution or to follow a clear-liquid diet combined with laxatives or an enema prior to the procedure. The examination might have to be rescheduled if you don't follow your doctor's instructions carefully.

WHAT ABOUT MY CURRENT MEDICATIONS?

You can take most medications as usual until the day of your EUS procedure. Tell your doctor about all of the medications you are taking and any medication allergies you have. Anticoagulant medications (blood thinners such as Coumadin and Plavix) might need to be adjusted before your EUS procedure. Check with your doctor in advance regarding these prescriptions. In general, you can safely take aspirin and non-steroidal, anti-inflammatories (ibuprofen, naproxen, etc.) up to five days before an EUS procedure, but it is always best to check with your doctor. On the morning of your exam, be sure to check with your doctor about which medications to take, and only take those essential medications with a very small cup of water.

If you have an allergy to latex, inform your doctor prior to the test. Patients with latex allergies often require special equipment and might not be able to have an EUS examination.

DO I NEED TO TAKE ANTIBIOTICS?

Antibiotics aren't generally required before or after a EUS procedure, but do tell your doctor if you take antibiotics before dental procedures. If your doctor feels you need antibiotics, they might be ordered during or after the EUS procedure to help prevent an infection. Your doctor might prescribe antibiotics if you're having a specialized EUS procedure, such as to drain a fluid collection or a cyst using EUS guidance. Again, tell your doctor about any allergies to medications.

WHAT CAN I EXPECT DURING EUS?

Practices vary among doctors, but for an EUS exam of the upper GI tract, your endoscopist might spray your throat with a local anesthetic before the test begins. Most often you will receive sedatives intravenously to help you relax. You will most likely begin by lying on your left side. After receiving sedation, your endoscopist will pass the scope through your mouth, esophagus and stomach into the duodenum. The instrument does not interfere with your ability to breathe. The actual exam generally takes between 15 to 45 minutes. Most patients consider it only slightly uncomfortable, and many fall asleep during it.

An EUS exam of the lower GI tract can often be performed safely and comfortably without medications. You will receive sedation if the procedure will be prolonged or if the doctor will examine a significant distance into the colon. You will start by lying on your left side with your back toward the doctor. Most EUS examinations of the rectum last from 10 to 30 minutes.

SHOULD I ARRANGE FOR HELP AFTER THE EUS PROCEDURE?

Because you will be sedated for the procedure, you won't be allowed to drive after the EUS, even if you don't feel tired. You should arrange for a ride home. You should also plan to have someone stay with you at home after the examination because the sedatives could affect your judgment and reflexes for the remainder of the day.