



**University
Hospitals Sussex**
NHS Foundation Trust

About your endoscopic ultrasound examination

Please read this booklet carefully, as it contains important instructions for you to follow before you come to the endoscopy unit.

It also explains what will happen when you have the examination, so that you will know what to expect.

If you have any questions however, please don't hesitate to call us on **01273 696955 Ext. 64570 (RSCH)** or **01444 441881 Ext. 68187 (PRH)**. We'll be glad to help.

**The Endoscopy Unit
at the Royal Sussex
County Hospital and the
Princess Royal Hospital**

What is an endoscopic ultrasound?

This is a simple examination which enables the clinician to view the inside of your oesophagus and stomach. A tiny ultrasound probe incorporated in a flexible tube will be carefully passed into your mouth and down your gullet (oesophagus).

It is not a painful examination and does not interfere with your breathing. However, some people may find it uncomfortable, so we can give you a sedative or throat spray to anaesthetise the back of your throat. The sedative will make you feel relaxed and drowsy. You may even sleep throughout the procedure.

How do I prepare for my examination?

- Have NOTHING to eat, and do not drink milk, for 6 hours before your appointment.
- Have NOTHING to drink for 2 hours before your appointment.
- Please contact your GP surgery or nurse specialist if you are diabetic and need advice regarding your medication.
- Please contact the endoscopy unit if you take warfarin or any other anticoagulant or antiplatelet medicine.

What should I bring with me to the unit?

- **Because you will be having sedation for your procedure, you will need someone to act as an escort and stay with you for the remainder of the day and overnight.** Your escort must come up to the unit to collect you. We cannot take you down to meet them.
- A list of ALL your medication.
- Your reading glasses.
- Wear loose and comfortable clothing.
- Do not bring any valuables with you.

It is very important that you follow all the instructions carefully, or your examination may need to be postponed.

How do I find the endoscopy unit and can I park at the hospital?

The Royal Sussex County Hospital is on Eastern Road, Brighton. The Endoscopy Unit is on Level 9 of the Tower Block. The entrance is via the Millennium Wing. (Please see map at the end of this booklet).

Parking space at the Royal Sussex County Hospital is very limited, so please set off in plenty of time for your appointment and be prepared to wait in the car park queue. Alternatively, your escort may drop you off at the Millennium Wing and then return to the unit to collect you later.

If you have sedation for your procedure and intend to go home by taxi, you will need a responsible adult to accompany you, as taxi companies will not accept responsibility for you travelling alone. Although you may use public transport to come to hospital, we strongly advise you not to travel home by bus or train, following sedation.

What happens when I arrive in reception?

Please report to the desk. Our receptionist will check your details and ask you to take a seat in the waiting room. You will then be called through by a nurse or health care assistant, who will explain the examination / procedure to you and ask you some questions about your medical history. Please ensure that you have your escort's contact details with you so that we can call them when you are ready to be collected. If you have any questions or if there is anything at all that you don't understand, please ask.

You will be asked to sign a consent form before the examination / procedure. Please see a copy of the form at the back of this booklet.

What are the benefits?

Endoscopic ultrasound is often performed alongside other imaging investigations (CT and/or PET-CT scanning) as part of a process of staging for oesophageal or stomach cancer. Specifically this involves looking at the oesophageal / gullet wall and around the oesophagus / gullet, with an ultrasound scope, to ascertain the exact site and extent of oesophageal or stomach cancer and is a key factor in planning treatment. Endoscopic ultrasound is sometimes used to obtain biopsies from abnormalities that cannot be reached with standard endoscopy.

Are there any significant risks?

The risks of endoscopic ultrasound are the same as those of standard endoscopy, all of which are very unusual.

These telescopic examinations are very safe but some risks are associated with the procedure:

- These include a reaction to the sedative which can affect 1:2500 people. This may affect your breathing or blood pressure, both of which are closely monitored during any procedure.
- A tear or perforation in the lining of the stomach or oesophagus can occur in any telescopic test. The national figures for this are 1:1500. If this does occur you will need to be admitted to hospital and may require an operation to repair the tear.
- Minor bleeding is common if biopsies or pieces of tissue (polyps) are removed but this bleeding usually stops spontaneously. More significant bleeding can occur in 1:1000 procedures and may require admission to hospital and a blood transfusion. Specialist equipment and training reduce all these risks considerably. The figures quoted here are national averages and for BSUH are much lower. There is also a risk of small lesions being missed. This is currently quoted as approximately 5%.

Please speak to the doctor or nurse performing your procedure if you have any concerns.

What happens after my examination?

You will be taken into recovery and will be given time to rest. The nurses will check your vital signs regularly. You will not be able to have anything to eat or drink for up to 1 hour afterwards. If you have a gluten allergy please bring something to eat. You will need to rest for the remainder of the day and refrain from smoking, and drinking alcohol. You **MUST NOT** drive, sign legal documents or operate any machinery for 24 hours. Before you leave the unit an explanation of the findings will be given to you, and your GP will receive a copy of the report.

Will it hurt?

Endoscopic examinations and procedures can be uncomfortable, so we have a variety of interventions at our disposal to make it more comfortable for you. Sedation can be given for an EUS.

We can also give intravenous pain killers. Please let us know if you are uncomfortable in any way and we will do our best to help you. After an EUS you may suffer from a sore throat and bloating. These effects should disappear after a few days but you will be given written aftercare advice when you go home, which tells you what to do if your symptoms do not settle.

How long will it take?

Examination / procedure times vary. An EUS examination can take anything from 15 minutes to 30 minutes, or longer. You should be prepared to be in the unit for possibly 3-4 hours. tells you what to do if your symptoms do not settle.

When will I get my results?

The findings are reviewed by your consultant, who will then arrange follow up. This is usually a clinic appointment, sometimes on the same day, to discuss your results, or it could be a letter explaining your results. Your GP will also be informed.

EXAMPLE DO NOT FILL IN

Patient agreement to investigation or treatment

Patient details (or pre-printed label)

Surname/family name _____ Male Female

First names _____ Special requirements _____

Date of birth _____ (e.g. other language, communication method)

NHS number (or other identifier) _____

Responsible health professional _____ Job title _____

Name of proposed procedure or course of treatment

Endoscopic Ultrasound (Examination of the oesophagus and stomach by ultrasound)

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy - see also guidance on cover of consent pad, in Junior Doctor's Handbook and on Intranet)

I have explained the procedure to the patient. In particular I have explained:

The intended benefits _____
To assist in the diagnosis and possible treatment of various conditions affecting the upper gastro intestinal tract.

Serious or frequently occurring risks

1. Risk of perforation of the gut.
2. Damage to teeth/dental work
3. Risk of haemorrhage
4. Other rare complications include aspiration pneumonia and a reaction to the IV sedative.

Any extra procedures which may become necessary during the procedure

Blood transfusion (though unusual) _____

Other procedure (please specify) _____

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of the patient.

The following leaflet/tape has been provided: information sent/given to patient prior to appointment and/or on arrival in the department.

This procedure will involve:

1. Sedation
2. Local anaesthesia
3. General and/or regional anaesthesia

Signed _____ Date _____

Name (PRINT) _____ Job title _____

Contact details (if patient wishes to discuss options later) See booklet

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed _____ Name (PRINT) _____ Date _____

EXAMPLE DO NOT FILL IN

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 in the information book you were sent with your appointment which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that any tissue/body part removed during the procedure will be disposed of appropriately and/or used for education/research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

Patient's signature _____ Date _____

Name (PRINT) _____

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signed _____ Date _____

Name (PRINT) _____ Relationship/job title _____

Confirmation of consent (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed _____ Date _____

Name (PRINT) _____ Job title _____

Important notes: (tick if applicable)

See also advance directive/living will (e.g. Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign/date here) _____

What do I do if I need to cancel or change my appointment?

If you need to cancel or change your appointment please call us on **0300 303 8517**.

Our comments and suggestions

If you have any concerns about your treatment or care, please bring them to our attention. We will do our best to help.

If you feel you would like some support with raising your concerns, the Patient's Advocate is available to speak on your behalf.

You can contact the Patient's Advocate by telephone between 10am and 4pm on:

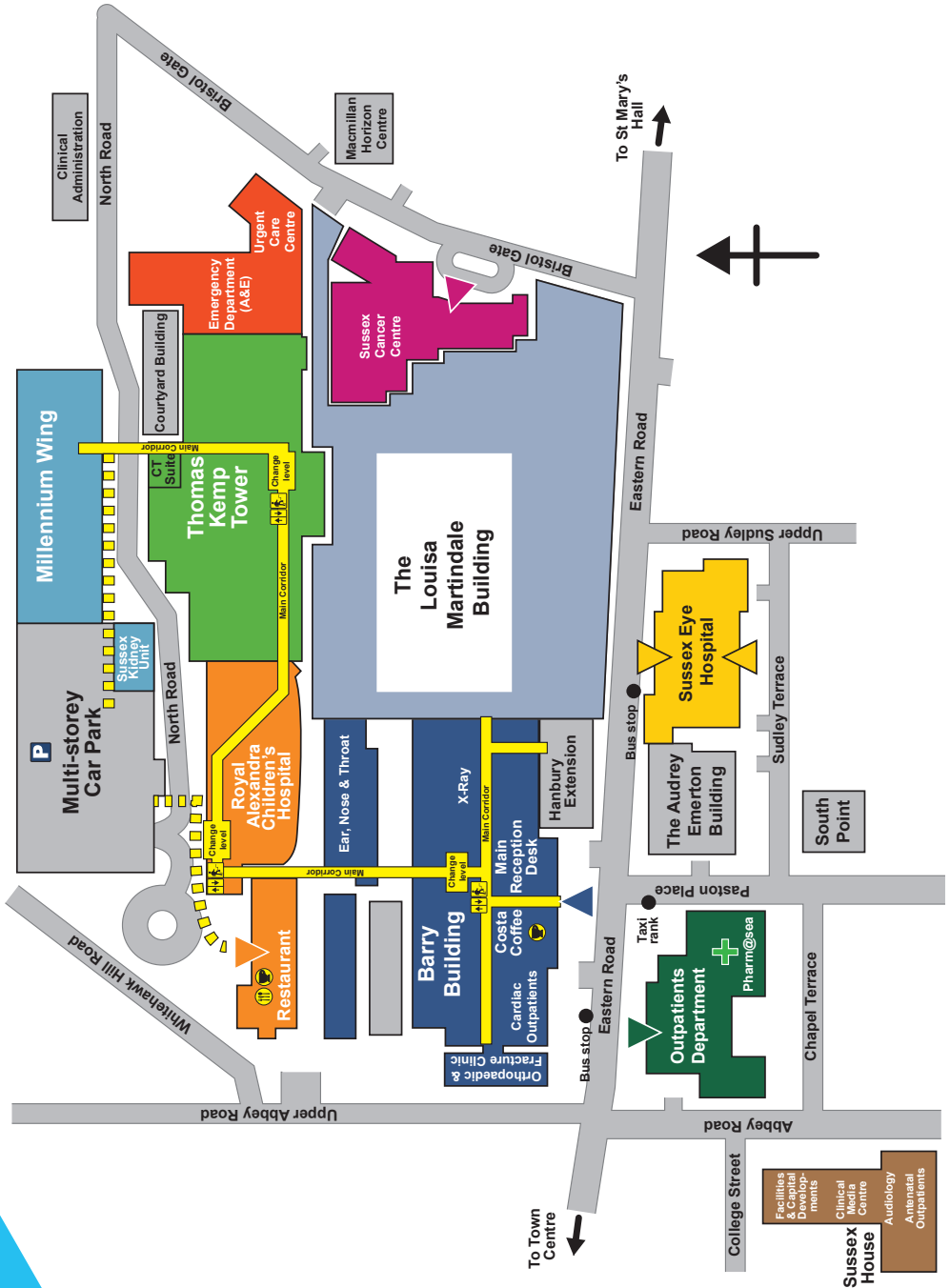
01444 441881 Ext. 65909 (Princess Royal Hospital) or

01273 696955 Ext. 64029 or **64588** (Royal Sussex County Hospital)

Or by email at uhsussex.patient.experience@nhs.net for either site.

We always welcome new ideas and suggestions. Please let us know if you feel there are ways in which we could improve our service.

Royal Sussex County Hospital



Thank you for taking the time to read this leaflet – if there is anything at all that you don't understand, or you have any questions, please ask a nurse at the unit, or call us on 01273 696955 Ext. 64570 for the Royal Sussex County Hospital and 01444 441881 Ext. 68187 for the Princess Royal Hospital

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

