

UPPER ENDOSCOPIC ULTRASOUND (EUS)

Your test is on: DATE: _____ **TIME:** _____ **ARRIVE BY:** _____

You have been scheduled for an upper gastrointestinal endoscopic ultrasound (EUS). This information will attempt to describe what the procedure entails as well as inform you how to prepare for the procedure. In addition, it will hopefully answer any questions you might have regarding the examination. If there are any questions remaining after reading this please contact us.

What is an Upper Gastrointestinal EUS?

An upper gastrointestinal EUS is an endoscopic procedure that allows your doctor to examine beyond the lining of the esophagus, stomach, and first part of the small intestine (duodenum). The entire thickness of the GI tract wall and surrounding structures such as pancreas, lymph nodes, bile ducts, gallbladder, and spleen can be evaluated. This is accomplished by using a long, flexible tube with an ultrasound probe attached at the tip. The instrument is inserted through the mouth. Special medications are given to “numb” the throat and make you relax (please notify us of any allergies). If the doctor sees an abnormality, he can pass an instrument through the endoscope and take a small piece of tissue (biopsy) for examination. Taking a biopsy causes no pain. The actual procedure takes up to 1 hour. There is a one hour recovery period after the procedure.

Why is an Upper Gastrointestinal EUS Done?

An upper EUS can be performed to evaluate many different conditions. If you have or are suspected of having cancer, it is the best test to determine the extent of cancer of the esophagus, stomach, duodenum, and pancreas. It is also the best test to determine the thickness of the gastrointestinal wall. For patients with a “lump” or “mass” in the GI wall, this test can assist in predicting the nature of the “lump”.

What Preparation is Required?

You should have nothing to eat or drink after midnight the night before the test but you may take your medication the day of the exam with a sip of water. No other preparations are necessary. DO NOT TAKE ASPIRIN, ANY MEDICATIONS THAT CONTAIN ASPIRIN OR ARTHRITIS MEDICATIONS FOR 10 DAYS PRIOR TO THE EXAM. PLEASE CHECK WITH US ABOUT CONTINUING OTHER MEDICATIONS. Avoid bringing any unnecessary valuables with you.

Day of Examination

- A. Arrive 15 mins prior to the procedure time.
- B. You will be sedated, therefore a responsible adult must accompany you. **YOU CANNOT DRIVE FOR THE REMAINDER OF THE DAY. A CAR SERVICE OR CAB IS UNACCEPTABLE UNLESS YOU ARE ACCOMPANIED BY A RESPONSIBLE ADULT. IF A RESPONSIBLE ADULT IS NOT AVAILABLE, WE WILL NOT BE ABLE TO PERFORM THE PROCEDURE.**

What to Expect During the Procedure?

- A. You may experience a mild sore throat that should slowly improve.
- B. You might be sleepy for an hour or two after the procedure due to the medications you will receive at the time of the exam.
- C. You will expel gas as air is instilled into the stomach during the exam for adequate visualization.
- D. You will receive information about resuming your diet after the procedure.
- E. Occasionally it is necessary to admit a patient after the procedure.

Are There Any Complications From Upper Gastrointestinal EUS?

Upper EUS is safe and is associated with very low risk when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is perforation in which a tear through the wall of the esophagus, stomach or duodenum may allow leakage of digestive fluids. This complication may be managed simply by aspirating the fluids until the opening seals, or may require surgery.

Bleeding may occur from the site of biopsy or polyp removal. It is usually minor and stops on its own or can be controlled by cauterization (application of electrical current) through the endoscope. Rarely, blood transfusions or surgery may be required.

Localized irritation of the vein may occur at the site of medication injection. A tender lump may develop. This lump could remain for several weeks to several months but eventually goes away. Other risks include drug reactions and complications from unrelated diseases such as heart attack or stroke.

It is important that you recognize early signs of possible complications and you should contact your physician if you have any of the following: increasing throat, chest, or abdominal pain, fever and chills, bleeding, severe nausea or vomiting.