

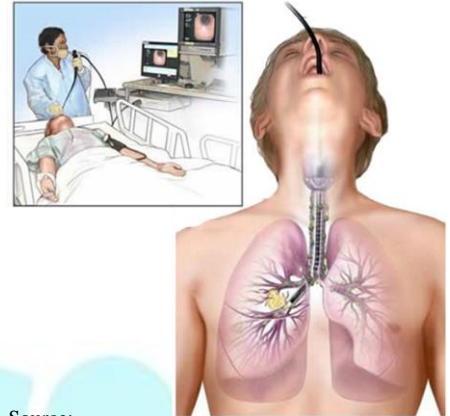


## Procedure Information

### Endobronchial Ultrasound (EBUS)

#### Introduction

Endobronchial Ultrasound (EBUS) is a procedure that combines ultrasound technology with bronchoscopy. It uses a thin and flexible endoscope (which has a larger outer diameter than a standard bronchoscope) that is inserted through the mouth and passed into the trachea and bronchial tree, along with an ultrasound probe for visualization of lesions, tumors, or lymph nodes in the main airways and adjacent to the trachea. The doctor can take needle biopsies for pathological examination when necessary.



Source:  
<https://www.lhsc.on.ca/thoracic-surgery/thoracic-surgery-83>

#### Why is Endobronchial Ultrasound performed?

1. Staging of lung cancer
2. Lung lesion close to mediastinum
3. Suspected lung tumors
4. Unexplained hilar lesion or lymph node enlargement
5. Lesions in the tracheal or bronchial walls

#### Expected Outcomes

The expected outcomes of this procedure are determined by different indications. It allows the doctor to collect biopsies from the mediastinum of the respiratory tract for pathological examination.

#### Procedures

1. The blood pressure, pulse rate and oxygen saturation are closely monitored during the procedure.
2. You are kept in a supine position.
3. Throat is sprayed with a local anaesthetic agent to reduce discomfort. Intravenous sedation, monitored anaesthetic care or general anaesthesia may be administered if necessary.
4. The bronchoscope with ultrasound probe is inserted through the mouth into the tracheo-bronchial tree to visualize the inside and adjacent area of the lungs.
5. Needle biopsies may be taken for further examinations.
6. Airway irritation resulting in coughing may happen during the procedure.
7. The procedure usually takes about 45-90 minutes, depends on situation.

## **Possible Risks and Complications**

1. Fever
2. Haemoptysis
3. Respiratory tract infection
4. Bronchospasm
5. Pneumothorax

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all examinations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

## **Pre-procedure Preparations**

1. The procedures and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor if you are or might be pregnant.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medicine.
4. Relevant examinations such as complete blood picture, clotting profile, ECG and chest X-ray may be performed.
5. No food or drink six hours before the procedure.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
7. Please empty your bladder before the procedure.

## **Post-procedure Instructions**

### General

1. You may feel sleepiness or dizziness after anaesthesia. Bed rest for a few hours is recommended.
2. Please inform the nurse in the event of pain or shortness of breath.
3. Mild cough, sore throat, voice hoarse and blood-stained sputum may occur for a short period of time after the procedure.
4. Chest X-ray may be required if a biopsy is taken during the procedure.
5. You are usually discharged on the same day or the next day after the procedure. Patients with potential risks may be hospitalized for observation of complications such as commonly fever, significant hemoptysis or rarely pneumothorax etc.

### Diet

A normal diet may be resumed as instructed after recovery from anaesthesia.

## **Advice on Discharge**

1. If you are discharged on the same day of the procedure, be reminded not to drive, operate machinery or sign legal documents for the rest of the day.
2. Adequate rest should be taken in the first 24-48 hours.
3. If biopsies have been taken, it is normal to cough up a little blood for 1-2 day(s).
4. Immediately consult your doctor or return to hospital for professional attention in the event of shortness of breath, unresolved hemoptysis, vomiting, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

