



Procedure Information

Endoscopic Ultrasound (EUS)

Introduction

Endoscopic Ultrasound is a common surgical instrument which combines the functions of endoscopy with ultrasound. It is effective to observe the body's tissues and structures beneath the surface. The ultrasound probe at the tip of endoscope can be put deep inside the body of patient and approached closely to the suspected lesion, thus it gives an accurate imaging effect than others.

Outcomes

Potential indications for the procedure:

- Observation: Mucosal surface of the gastrointestinal tract is directly inspected.
- Diagnosis: Various diseases of the esophagus, stomach, pancreas, gallbladder, liver, colon and lung can be diagnosed. It is also used for staging of cancer of various organs mentioned above.
- Guidance: Doctors can get tissue or cytopathological diagnoses by means of fine-needle aspiration or tru-cut biopsy under the guidance of endoscopic ultrasound.
- Therapeutic use: Such as celiac plexus neurolysis and drainage of pancreatic pseudocysts.

Procedures

1. The procedure is performed under intravenous sedation (IVS) or monitored anaesthesia care (MAC).
2. Local anaesthetic is sprayed to the throat of the patient. A flexible endoscope with an ultrasound probe is inserted through the mouth into the gastrointestinal tract.
3. Minor discomfort including nausea and abdominal distension may be occurred during the procedure.
4. Depending on individual circumstance, the procedure is last for 15-60 minutes.

Possible Risks and Complications

1. Difficulty in swallowing may be experienced several hours after using oral local anaesthetic spray.
2. Perforation of internal organs, bleeding and cardiopulmonary events etc. (rare).
3. Complications specific to endoscopic ultrasound guided fine-needle aspiration or trucut biopsy will depend on the site of interest and these include mediastinitis, pancreatitis or infection.
4. Complications specific to celiac plexus neurolysis include transient diarrhea, transient orthostasis, transient increase in abdominal pain or abscess formation.

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

Pre-procedure Preparations

1. The procedure 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 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 and Chinese medication.
3. No food or drink six hours before the procedure.

Post-procedure Instructions

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

Advice on Discharge

1. You are required to follow the instruction given by your doctor in completing the drug treatment as necessary.
2. Immediately consult your doctor or return to hospital for professional attention in the event of persistent vomiting, massive bleeding, severe abdominal distension or discomfort, shivering, fever over 38°C or 100.4°F, or any other unusual symptoms etc.
3. 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.

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