

PATIENT EDUCATION

Endoscopic Ultrasound (EUS)

What is an endoscopic ultrasound?

- EUS uses both endoscopy and ultrasound to view stomach lining and the walls of the upper (esophagus, stomach, and duodenum) and lower (colon and rectum).
- With these two technologies, your provider can create more detailed pictures of the gastrointestinal (GI) tract. Endoscopic ultrasound is a minimally invasive, outpatient procedure.

Why is an endoscopic ultrasound ordered?

Endoscopic ultrasound is a more detailed examination of your gastrointestinal (GI) tract. It can be used to find the following:

- See the cause of stomach pain or unexplained weight loss.
- Check an abnormality such as a lump found earlier on endoscopy.
- Diagnose diseases of the pancreas, bile duct, and gallbladder.
- See a cancer tumor.
- Help drain fluid or remove a cyst.
- See the problem and then help treat it.

What are the potential complications?

Problems because of an endoscopic ultrasound are rare when performed by doctors with specialized training and experience.

Possible problems include:

- Undesired effects from anesthesia.
- Bleeding.
- Reaction to anesthesia.
- Possible infection if a needle aspiration completed.
- Small risk of pancreatitis if a needle aspiration of the pancreas is completed.
- Tear in the wall of the esophagus, stomach, or duodenum.

How do I prepare for an endoscopic ultrasound?

- Be sure to follow the specific diet instructions given by your provider.
- Arrange for a driver and someone to be with you for the day. You will not be allowed to drive after receiving anesthesia.
- Dentures and eyeglasses will be removed before the endoscopic ultrasound.
- Be sure to let your provider know if you are pregnant.
- Some of the medicines you take may need to be stopped temporarily before your EUS.
 - **Blood thinners**
 - such as Coumadin (warfarin), Ticlid (ticlopidine hydrochloride), Agrylin (anagrelide), Xarelto (Rivaroxaban), Pradaxa (Dabigatran), Pletal (Cilostazol), Brillinta (Ticagrelor), Eliquis (Apixaban), Effient (Prasugrel), Plavix (Clopidogrel), and Aspirin. You must speak with your prescribing provider or the specialist at least 2 weeks before the scheduled EUS. Do not stop these medications without the consent of your provider.
 - **Insulin and diabetes medications**

- Please call the provider that monitors your glucose levels. Your medications may need to be adjusted due to the diet restrictions required for an EUS. Do not stop these medications without the consent of your provider.

What should I expect during the procedure?

- Before the procedure, your provider will answer your questions, explain the risks and benefits.
- You will sign a consent form.
- A small IV will be put in a vein so sedation can be given during the test.
- Your blood pressure, pulse, respirations, and oxygen levels will be monitored during the procedure.
- You will be lying on your left side. The equipment (endoscope) will be passed through your mouth if you're having an upper endoscopic ultrasound, or anus if you're having a lower endoscopic ultrasound.
- If antibiotics are needed, your EUS provider will order them during your test.

What can I expect after an endoscopic ultrasound?

- Your blood pressure, pulse, respirations, and oxygen levels will be monitored in the recovery area.
- Your family and friends can be with you after the procedure.
- If you had an upper endoscopic ultrasound you could have a sore throat.
- You may feel bloated because of air introduced into your body during your test.
- Your family and friends can be with you after the procedure.
- If you are taking Coumadin, Plavix, or other blood thinners, ask your provider when to restart those specific medications.
- The nurse will give you written discharge instructions before you leave.

When will I get my results?

- Your provider will tell you what was found before you go home.
- Biopsy results could take two to three weeks and they will be mailed to you when available.
- You may call your provider's office with any questions or concerns.