The ROYAL MARSDEN NHS Foundation Trust

Having an Endoscopic Ultrasound (EUS) examination, and Fine Needle Aspiration (FNA) or Fine Needle Biopsy (FNB)

Endoscopy Suite

Patient Information



Contents

| Introduction | 1 |
|---|----|
| What is an EUS and FNA or FNB? | 1 |
| What preparation will I need for my EUS and FNA or FNB procedure? | 2 |
| What about taking my medication before the procedure? | 3 |
| What should I bring on the day? | 3 |
| When you arrive | 3 |
| Your EUS and FNA or FNB procedure | 4 |
| What are the benefits and risks? | 5 |
| What happens afterwards? | 6 |
| When will I know the results? | 6 |
| Going home after the procedure | 7 |
| Follow up appointments | 7 |
| Your medication | 8 |
| How you may feel after your procedure | 8 |
| Complications | 8 |
| Contact details | 9 |
| Sources of information and support | 9 |
| Notes and questions | 10 |

Introduction

Your doctor has recommended that you have an Endoscopic Ultrasound (EUS) and a Fine Needle Aspiration (FNA) and/or Fine Needle Biopsy (FNB) to investigate your medical condition. This test can be used to help make a diagnosis. If you prefer not to be investigated, we advise you to discuss the implications of not having the test with your doctor. You may have already had several tests to investigate your problem. EUS and FNA or FNB is another way of getting more information.

This booklet provides information about the examination and what to expect. If you have any questions or concerns after reading it, please call us on our direct line:

Chelsea:020 7811 8663 or 020 7811 8320Sutton:020 3186 5440 or 0203 186 5565

Appointments for an endoscopy are in high demand. If you are unable to attend your appointment, please contact the Endoscopy Suite as soon as possible so that your appointment may be offered to another patient.

Your procedure time in Endoscopy is approximate as some procedures may take longer than expected and emergency procedures will take priority.

What is an EUS and FNA or FNB?

EUS is a test which allows the doctor to look directly at the gastrointestinal tract (gut) using a long flexible tube (an endoscope), about the thickness of your index finger, with a bright light at its tip. Ultrasound waves are used to look through the gut wall and internal organs such as the gall bladder and pancreas. The endoscope is carefully passed through your mouth and down your oesophagus (food pipe) into your stomach and the beginning of the small bowels (duodenum) as shown in the illustration below.



The doctor has the ultrasound machine turned on which produces sound waves that create images of your gastrointestinal tract and surrounding organs that are transmitted to a monitor, so that the doctor can look for any abnormalities. If an abnormal area is identified within the internal organs, the consultant can take a sample using a very fine needle. It is a painless procedure and is called fine needle aspiration or biopsy (FNA or FNB).

What preparation will I need for my EUS and FNA/ FNB procedure?

To allow the consultant to see clearly, your stomach must be empty. It is important that you have nothing to eat for **6 hours** before the test. However if you are **diabetic**, you should have nothing to eat for **12 hours** before the test. You may need to adjust your diabetic medication; your pre-assessment nurse will advise you on this. Unless you have been told otherwise, you may drink water but nothing else up to **3 hours** before the test and nothing until after the procedure.

What about taking my medication before the procedure?

It is important to continue taking the following medication unless you are advised to stop by the telephone nurse during your telephone pre-assessment.

• Esomeprazole (Nexium), omeprazole (Losec), lansoprazole (Zoton), pantoprazole (Protium), ranitidine (Zantac), cimetidine (Tagamet)

If you are on Anticoagulants (such as warfarin, tinzaparin or clopidrogrel), are diabetic or have an artificial heart valve you will be given instructions by the nurse during your pre-assessment. The nurse will also advise you which medication you can take on the day of your procedure.

If you feel unable to carry out any of the instructions, please contact the Endoscopy Suite.

What should I bring on the day?

If you are diabetic, please bring your insulin or tablets with you. If you use a machine to help with sleep apnoea, please bring this with you. If you use reading glasses, please bring them with you so that you can read the consent form and any other paperwork. You are welcome to bring a book or other reading material. Please do not bring any valuables with you.

When you arrive

When you arrive at the hospital, please report to Endoscopy Reception

For Chelsea appointment: Endoscopy Reception (ground floor Granard House Wing). If you need wheelchair access, please enter the hospital by the Wallace Wing entrance on Dovehouse Street. For Sutton appointment: Endoscopy reception (lower ground floor Oak Cancer Centre). You may take the lift from the main entrance from the ground floor via the main reception.

Please note:

We normally request you to have a pre-operative investigation (blood test and ECG) before your appointment. The time of your procedure will be dependent on when we receive the results of your blood tests. When you have had your blood test and return to the Endoscopy unit, the nurse will take you to the admission area.

Your escort/relative can wait in the reception area or have refreshments from the café's in and around the hospital.

During your admission to the endoscopy unit, a nurse will ask you several questions about your health and what medication you are taking. The nurse will also take your observations: blood pressure, pulse, oxygen saturation level and temperature. You will also be asked to change into a gown.

You will also see the doctor (and anaesthetist if required) before the procedure. This is the opportunity for you to ask questions and to talk about your procedure before you sign the consent form. It is important that you understand what is going to happen.

Your EUS and FNA/FNB procedure

Your procedure will be carried out in the endoscopy procedure room. The procedure could be performed either under sedation or General Anaesthetic (GA). We will give you a local anaesthetic throat spray to reduce gagging reflex and discomfort while passing the tube.

If you are to have sedation only, we will give you sedation before the procedure to make you feel sleepy and relaxed. We will make you comfortable on a trolley, lying on your left-hand side. To keep your mouth slightly open, a plastic mouthpiece will be put gently between your teeth. The sedation is given through a small needle placed into a vein on the back of your hand.

If you are having GA, you will be given oxygen during the procedure, usually through nasal prongs that fit just inside your nostrils. The anaesthetic/endoscopy team will stay with you throughout the test, monitoring your blood pressure, pulse and oxygen level in your blood.

The doctor will carefully pass the endoscope through your mouth and into your stomach. This should not cause you any discomfort, nor will it interfere with your breathing at any time. During this time some air and then water will be passed down the tube to expand your stomach and allow the doctor a clearer view. If you get a lot of saliva in your mouth, the nurse will clear it using a small suction tube. During the procedure the doctor may take samples (biopsies), photographs or video of your gastrointestinal tract, even if it all looks normal. It may take up to 60 minutes to carefully examine all areas of your gastrointestinal tract.

What are the benefits and risks?

The procedure will help us to investigate your symptoms and it may help us to treat you.

EUS and FNA/FNB is generally safe, but all procedures have some risks, which you should discuss with your doctor. These are the more common risks:

- A sore throat which should wear off within 24 hours.
- Complications such as bleeding or damaging the gastrointestinal tract are very rare. This risk is increased if biopsies are taken when infection and inflammation may also occur. An operation is likely to be needed for perforation (tearing) and this is likely to be on the same day.

Please speak to your consultant or Clinical Nurse Specialist (CNS) if you would like further information.

- Other rare complications include inflammation of the lungs (aspiration pneumonia) and a reaction to the intravenous sedative drugs or local anaesthetic spray.
- Upper gastrointestinal endoscopies may involve a slight risk to crowned teeth or dental bridgework.
- There is no known risk associated with the ultrasound part of the procedure.
- If an anaesthetic is required for your particular procedure, the anaesthetist will discuss the associated risks with you.
- The anaesthetist may consider additional investigations before the procedure can be performed.

What happens afterwards?

- As you have had sedation or GA, you will need to rest in the recovery area until you are fully awake (usually an hour and a half). Your blood pressure and pulse will be monitored.
- The nurse looking after you will judge when it is safe for you to go home.
- An adult must be available to escort you home and provide support for the first 24 hours, as the sedation impairs your reflexes and judgement.
- We will give you a drink of water and other refreshments when you are fully awake.
- Your length of stay on the Endoscopy Suite will usually be between three and four hours. Very occasionally some patients will be asked to stay in overnight for observation.
- Telephone support will be available to you for the first 24 hours via The Royal Marsden Macmillan Hotline 020 8915 6899.

When will I know the results?

Your doctor will be able to tell you the results of the test as soon as you are awake. As you will have had sedation it is a good idea to ask for your escort or relative to be present when the doctor speaks to you because the sedation may lead you to forget what is discussed.

We will give you a copy of your endoscopy report before you leave the endoscopy suite, and another copy will be sent to your GP or the specialist who referred you. However, if a biopsy was taken for examination under the microscope, these results may take seven to ten days to process. A copy of the biopsy results will be sent to your GP or the specialist who referred you.

Going home after the procedure

As you will have had sedation, it is essential for an escort to accompany you home and stay with you until the next day. **Please note:** your procedure will be cancelled if you do not have an escort as we cannot arrange for an escort to take you home.

Sedation causes drowsiness, and even if you feel that you are wide awake, your reactions could still be affected. You may find it difficult to concentrate on what you are doing and you may forget things that you have been told.

For at least 24 hours after your procedure, we advise you, not to:

- drive or ride a bicycle
- operate machinery
- look after young children alone
- take sedatives
- drink alcohol
- sign legal papers.

We will give you some written information to remind you of this before you leave the endoscopy suite.

Follow up appointments

You will have a follow up appointment with the specialist (who referred you for the procedure). At this appointment, please ask for the details of any biopsy results or further investigations.

Your medication

We will talk to you about your medication before you go home.

How you may feel after your procedure

You may have a sore throat. You may also feel a little bloated if some air has remained in your stomach. Both of these discomforts should pass within 24 hours. Throat lozenges may help with the sore throat. Walking around, warm drinks and peppermint water may also help you to pass wind. If pain is a problem, you may find it helpful to take a painkiller, such as paracetamol (according to manufacturer's instructions).

Complications

You should seek medical help immediately if you develop any of the following symptoms:

- Chest or shoulder pain
- If bowel motions turn black
- Persistent vomiting
- Shortness of breath
- Severe abdominal pain
- Worsening abdominal swelling
- Fever (above 38°C) and/or chills.

Contact details

If you need urgent advice, telephone your GP surgery or out of hours service (your GP 24 hours number), or else phone or go to your nearest A&E (Accident and Emergency) and then inform the Endoscopy Department at The Royal Marsden.

Outside of working hours, please call:

The Royal Marsden Macmillan Hotline: 020 8915 6899 (available 24 hours a day, 7 days a week)

For routine advice, contact the Endoscopy Unit between 8am and 5pm (Monday to Friday)

Chelsea: 020 7811 8663 or 020 7811 8320.

Sutton: 020 3186 5440 or 020 3186 5565

If we are unable to take your call, please leave a message. Answerphone messages will be collected twice daily, Monday to Friday and a member of the Endoscopy Unit will return your call.

Sources of information and support

If you would like this information leaflet in a different format, please contact the PALS office Chelsea on **020 7811 8438 / 020 7808 2083** or Sutton **020 8661 3759 / 020 8661 395**1 or talk to the clinical staff responsible for your care.

Notes and questions

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre Telephone: Chelsea 020 7811 8438 / 020 7808 2083 Sutton 020 8661 3759 / 3951 Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The patient information service is generously supported by The Royal Marsden Cancer Charity. royalmarsden.org Registered Charity No.1095197



Revised June 2024. Planned review June 2027 © The Royal Marsden NHS Foundation Trust EU-1290-09









Radiotherapy and Chemotherapy Services F538021 & F538022