

ENDOSCOPIC ULTRASOUND – Patient Information & Informed Consent

What is an endoscopic ultrasound (EUS)?

An EUS is where the doctor uses an instrument called an endoscope, which has an ultrasound probe at its tip to examine the wall layers (inside and outside) of the upper and lower gastrointestinal tract. It also provides excellent pictures of your pancreas, bile ducts and organs in your chest. The EUS allows a fine needle biopsy (sample) of tissue to be taken inside or outside the wall of the gut. This needle is passed through the scope, and using the ultrasound as a guide, it is passed into the tissue of concern. The procedure is performed under sedation or anaesthetic administered by a specialist Anaesthetist. Allow 2-3 hours for waiting, the procedure and recovery. The procedure itself can take 20-90 minutes to complete.

Why have an EUS?

EUS is used for a variety of indications:

- diagnose tumours of the oesophagus, stomach, duodenum, pancreas and bile ducts.
- diagnose some tumours of the lung.
- diagnoses diseases of internal organs including:
 - pancreatitis or cysts of the pancreas.
 - detect bile duct stones, including gall stones.
 - assess abnormalities of the walls (inside and outside) of the gut.

What are the risks?

Complications are rare!

- If a fine needle aspirate (FNA) biopsy is performed, less than 1 in 100 people will get an **infection**. This risk is mainly for those who have cysts biopsied or drained. The risk is reduced with the administration of antibiotics.
- **Bleeding** occurs in less than 1 in 200 people. This usually will settle spontaneously or can be stopped at the time of the procedure. Rarely people require further intervention, such as a specialised x-ray procedure or surgery.
- Less than 1 in 200 people will experience **pancreatitis**. Pancreatitis is inflammation of the pancreas which causes it to become swollen and painful. Most pancreatitis will settle within 48 hours and may require a short stay in the hospital for observation. Rarely, it may be more severe requiring a longer hospital stay and potentially an intensive care admission or surgery.
- Less than 1 in 1000 people will accidentally get a hole (**perforation**) to the bowel. If this was to occur, this may be repaired with small clips during the procedure, or may require an operation to repair the hole.
- Missed growths in and around the gastrointestinal tract may occur.

What are you responsible for?

You are less at risk of problems if you do the following:

Follow the preparation instructions carefully.

Bring a list of all prescribed, over the counter and herbal medication you take.

Bring any relevant x-rays.

Do not drink any alcohol and/or take recreational drugs 24 hours before the procedure.

Please ensure you make arrangements for someone to drive you home after the procedure. It is not safe to drive until the following day after having sedation or an anaesthetic.

What happens after the EUS?

You will usually be allowed to have a regular diet straight away. Depending on the procedure you may only be allowed to have a clear liquid diet for the remainder of that day.

Your doctor will inform you of the results prior to you leaving the recovery area.

Any tissue samples taken will be sent to a pathologist. The results of these tests may take several days. Follow-up of these results will be made with you.

Again, please ensure you make arrangements for someone to drive you home after the procedure.
Do NOT drive any type of vehicle or operate machinery until the next day.
Do NOT drink alcohol and/or take other recreational drugs. They may react with the sedation drugs.
Do NOT make important decisions or sign a legal document for the first 24 hours.
Have an adult with you on the first night after your procedure.

Notify Dr Walker's rooms on 5574 6133 during working hours or the hospital Emergency Department straight away if you have:

- severe ongoing abdominal pain.
- black tarry motions or bleeding from the back passage.
- a fever.
- sharp chest or throat pain.

What if I don't have the procedure?

Your symptoms may become worse and your doctor will not be able to give you the correct treatment.

Are there other tests I can have instead?

Generally not. X-ray tests will assist in many of the diagnoses, however, in certain indications is not as accurate as EUS. Additionally, the Radiologist's may be able to perform a needle biopsy of certain lesion through your skin. These options can be discussed.

CONSENT FOR ENDOSCOPIC ULTRASOUND

I have read and understand the above information on endoscopic ultrasound. I have read and understand the "Patient Preparation Instructions" leaflet supplied to me. I hereby agree to undergo an endoscopic ultrasound by Dr Walker. I agree to any biopsies, removal of polyps, oesophageal dilatation or any other upper endoscopy procedures deemed to be appropriate at the time of the procedure.

To assist in my management, I additionally permit Dr Walker to access or obtain any relevant medical information from other health professionals or services.

PATIENTS SIGNATURE _____

NAME _____

DATE _____

WITNESS SIGNATURE _____

NAME _____

DATE _____

Dr Griff Walker

PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU ON THE DAY OF YOUR PROCEDURE

If you have any concerns or questions about the preparation, procedure or consent, please contact Dr Walker's office on 5574 6133.