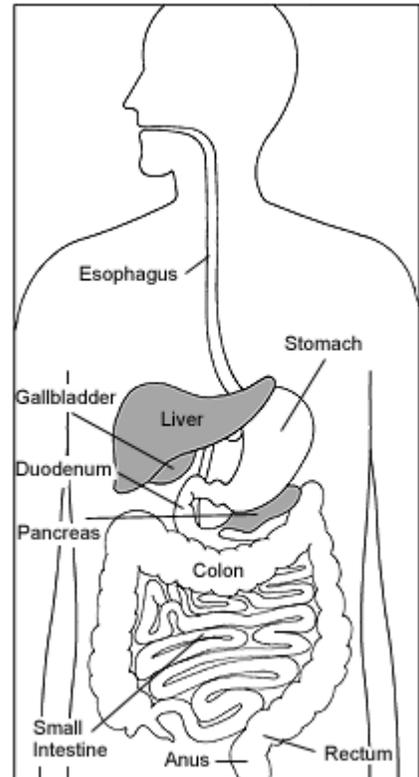


EUS

(Endoscopic Ultrasound)

EUS is a procedure used to diagnose disorders and stage cancers of the gastrointestinal tract and of nearby organs such as the pancreas, bile duct, and gallbladder. The doctor passes an endoscope (a thin flexible lighted tube with a camera on the end) through your mouth to inspect your esophagus, stomach and duodenum. EUS uses a special endoscope, called an echoendoscope that has an ultrasound probe on the tip so that the doctor can examine the organs around the digestive tract through ultrasound imaging using high frequency sound waves to get a picture of your digestive organs. We work with expert pathologists and cytologists. Rarely biopsies may not represent the actual situation and give falsely negative or positive findings. We work to integrate each piece of information into the overall picture and determine a treatment plan to fit you.



What to Expect with your EUS

Before

Do not eat or drink anything after midnight the night before your procedure. On the day of your EUS, you will arrive 1 hour before the procedure is scheduled. You will put on a hospital gown and remove any jewelry, eyeglasses, contacts, and dentures. The doctor and/or nurse will explain the procedure again and answer any questions you might still have. You will be asked to sign a consent form giving permission for the procedure. A nurse will put in an IV in your arm before the procedure starts for hydration and sedation medication. You will be connected to a machine that will monitor your heart rate, blood pressure and blood oxygen level throughout the procedure.

During

Local anesthetic will be sprayed onto your throat to make it numb and you will be given medication through the IV to make you sleepy and relaxed. A mouth guard will be placed to protect your teeth and gums. While in a comfortable position on your left side, the doctor will pass the endoscope through your mouth and down your throat. The endoscope will not interfere with your breathing. The doctor will guide the endoscope through your esophagus, stomach and duodenum. Once in the stomach and duodenum, the doctor will turn on the ultrasound probe to see the organs and ducts in and around your digestive system. The doctor will be able to see the pancreas, gallbladder, esophagus, stomach, rectum and the surrounding vessels, ducts and lymph nodes as well as any abnormalities such as cysts, tumors or stones. Depending on what the doctor sees, further tests may



occur at this time, such as FNA (Fine Needle Aspiration). The examination generally takes 30-90 minutes depending on the findings.

After

You will wake up from the sedation in the recovery room. Your throat may feel slightly sore. Because of the sedation, you should **NOT** attempt to take anything by mouth for at least one hour. In most cases, a regular diet can be resumed later in the day as tolerated. In some cases, your doctor may recommend advancing your diet more slowly, and taking only clear liquids for the rest of the day. Your belly may feel bloated and full from air inflated through the endoscope during the procedure. You will remain in recovery for up to 2 hours. A companion **MUST** be able to drive you home, as the sedation impairs your reflexes and judgments. For the remainder of the day you should **NOT** drink alcohol, drive any type of vehicle, operate machinery, or make any important decisions. We suggest you rest quietly.

Risks

EUS can rarely (1 in 2000) result in complications such as reactions to the anesthesia medications, making a hole in the digestive wall (perforation of the esophagus, stomach or intestines), and bleeding. While these complications are not common, in certain cases they can be very serious and may require urgent treatment, an extended hospitalization, or even an operation. When FNA is performed on the pancreas, pancreatitis (inflammation of the pancreas) can occur (about 1 in 200). Symptoms of pancreatitis would be very bad abdominal pain, nausea and vomiting that will occur almost immediately after the procedure. Pancreatitis treatment includes hospitalization, observation, rest, IV fluid, and medication for abdominal pain. It usually resolves spontaneously in a few days. Infection can occur with FNA when fluid is aspirated from a cyst, however; antibiotics during and after the procedure decrease this risk.

*Be sure to inform us immediately if you have any increased pain, dizziness, fever, chills, rectal bleeding or vomiting **after** the EUS.

Drs. Jamidar, Aslanian & Farrell want you to have the best procedure experience possible.
Please call with any questions, concerns or problems.
M-F 8:30 am-4:30 pm at (203) 200-5083

August 2016



EUS Therapy

FNA

Your EUS may include FNA (Fine Needle Aspiration). FNA is a biopsy using a very small needle that is inserted through a tube in the endoscope and goes through the digestive wall to sample lesions such as tumors, cysts or lymph nodes in order to examine the cells under a microscope.

Staging Cancers

EUS can accurately determine how deeply a tumor penetrates the digestive wall. Examining the size, shape and ultrasound appearance of adjacent lymph nodes also helps determine whether cancer has spread. FNA can also aid in this by sampling and analyzing the cells.

Detecting and Monitoring Pancreas cysts

EUS is often used to characterize cysts in the pancreas and along with FNA can help determine the prognosis of these cysts. Many cysts need to be monitored over time for concerning features.

Diagnosing Chronic Pancreatitis

EUS can help to identify the subtle changes in the pancreas caused by chronic pancreatitis when there is no other obvious cause for abdominal pain.

Detect Common Bile Duct Stones

EUS can be used to see small stones in the bile duct, sometimes when other imaging has failed to detect them.

Celiac Plexus Block

Image guided injection and block into the nerves of the celiac plexus in order to improve uncontrollable pain caused by pancreatic cancer or chronic pancreatitis that is not sensitive to narcotics.

Please take the time to consider the benefits and risks this procedure has to offer you.

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M-F 8:30 am-4:30 pm at (203) 200-5083

August 2016



Your EUS is scheduled for
_____ at _____ am/pm; _____ am/pm arrival
with Dr. Aslanian/ Dr. Farrell
at the Yale Center for Advanced Endoscopy on Smilow 4.

Instructions for your EUS

Two Weeks before your EUS

1. Call us if you have **allergies** or bad reactions to antibiotics, medications or anesthesia.
2. Call us if you have **heart** or **breathing** problems, as we will need recent records of tests and visits from your heart and lung doctor before the procedure.
3. Call us if you take **blood thinners** like Coumadin/warfarin or Plavix or aspirin, as they may need to be adjusted before your procedure.
4. Call us if you have **diabetes**, as your medications may need to be adjusted the AM of, or PM before your procedure.
5. Call us if you are on **dialysis** or have **kidney** problems, as you will need bloodwork before your procedure.
6. Obtain prior imaging (CT, MRI, EUS) so the doctor can review. It is best to bring these to your procedure on a disc or make sure we have them before.

The Night before your EUS

1. Do not eat or drink ANYTHING after midnight, including gum/candy or cigarettes. You may take regular PM and AM medications with a small sip of water (though blood thinners and diabetes medications may have to be adjusted).

The Day of your EUS

1. Arrive at the Center for Advanced Endoscopy 1 hour before your EUS is scheduled.
2. Validated parking is available at the Smilow Cancer Hospital Valet Service.

After your EUS

1. A companion must drive you home, as the sedation affects your reflexes and judgments.
2. For the remainder of the day, you should not operate any vehicle, heavy machinery or make important decisions due to the sedation. We recommend resting quietly.
3. If you have any increased pain, rectal bleeding, tarry stools, vomiting blood, fever, chills or jaundice please call Dr. Aslanian/ Dr. Farrell immediately at 203-200-5083.

Following these instructions is very important; not doing so may result in delaying, rescheduling or canceling your procedure.

Drs. Jamidar, Aslanian & Farrell want you to have the best procedure experience possible.

Please call with any questions, concerns or problems.

M-F 8:30 am-4:30 pm at (203) 200-5083

August 2016

