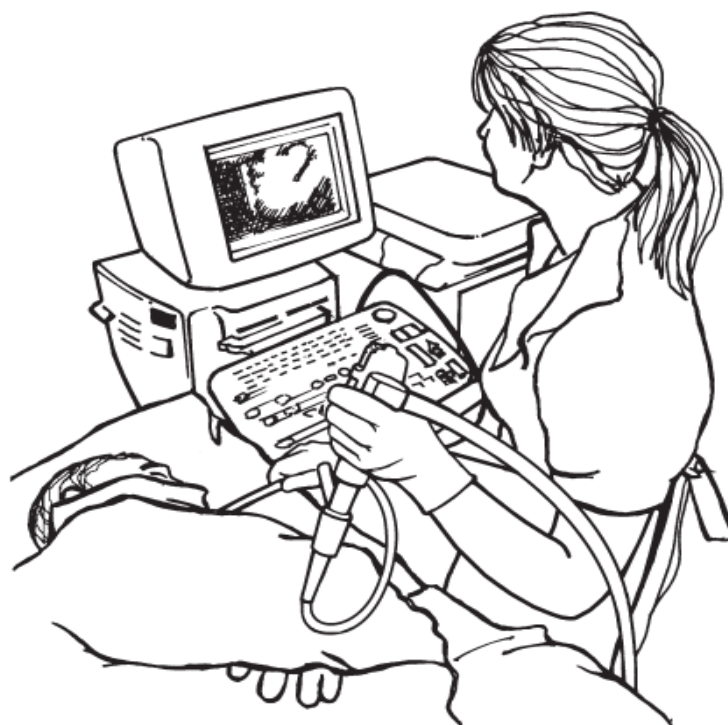


Information for Patients

Endoscopic Ultrasound with Fine Needle Aspiration



Please Note:

Your test may be carried out at any of the endoscopy sites across Manchester NHS Foundation Trust. Please check your appointment letter to make sure you attend the right unit.

You may need to start preparing for your test up to one week before your appointment. Please ensure you read this information in good time to ensure you know what to do. Poor preparation can result in cancellations and incomplete procedures.

If you are unable to keep your appointment, please telephone the Waiting List Office as soon as possible via the number on your appointment letter. Your appointment can then be offered to someone else which helps to keep waiting lists shorter.

Thank you.

Introduction

Your doctor has advised you to have a test called an endoscopic ultrasound with fine needle aspiration. This booklet has been written to inform you about the test and to answer the most frequently asked questions. If you have more questions, or if there is anything that you do not understand, please ask. There is a phone number on your appointment letter.

What is an endoscopic ultrasound?

This test is an internal ultrasound test, combining both endoscopy and ultrasound. The endoscope used is a fairly thin flexible tube about as thick as an adult's middle finger. The endoscope contains an optical device so the doctor can see inside your gut, as well as a miniature ultrasound probe that will allow the doctor to view ultrasound pictures of certain organs and blood vessels that lie next to the gut. For example, we will be able to obtain good ultrasound pictures of your pancreas gland with this equipment as it lies right next to your stomach.

What is fine needle aspiration and why do I need it?

Your previous tests have shown an abnormal area of tissue adjacent to or within your upper intestine. In order to clarify what this is your doctors have requested that we obtain samples of this tissue so that they can be examined by laboratory doctors using a microscope. If we obtain any fluid samples we will also send them to the laboratory for chemical analysis. To obtain such samples the doctor will pass a long thin needle down the endoscope, through the lining of the intestine under ultrasound guidance, into the abnormal area being investigated. Using gentle suction, cells will be pulled back into the needle. To obtain sufficient numbers of cells the doctor will usually pass the needle several times. The doctor may use an additional long thin biopsy needle that obtains a very thin core of the tissue.

Sufficient samples are obtained in 90 – 95% of cases. Sometimes the laboratory doctors can give us a definite answer, and sometimes not. Even when they have not been able to give a diagnosis the information they do provide is almost always helpful.

Preparation for the test

It is important that your stomach is empty for the test to be successful. Therefore-

- You must not have anything to eat or drink for at least 6 hours before your test.
- You may then have small sips of water only, up to 2 hours before your test.

Should I take my usual tablets or medications?

Blood Thinning Tablets

Before stopping any of the below medications please seek advice from your GP or Consultant to ensure that it is safe to do so.

Tablet Name	Advice
Warfarin Synthron	Should be stopped for 5 days before the test. Please contact endoscopy if you have been advised that you should not stop this medication.
Apixiban Edoxaban Fondaparinux Rivaroxaban Dabigatran	Should be stopped for 3 days before the test. Patients with a coronary stent may need to take Aspirin. If you require further advice, or have been told not to stop these medications, please call us.
Asasantin Clopidogrel Dipyridamole Ticagrelor Prasugrel	Should be stopped for 7 days before the test. Please contact endoscopy if you have been advised that you should not stop this medication.
Clexane Dalteparin Enoxaparin Inhixa	Please call us. We may need to speak to your doctor for advice.

Aspirin does not need to be stopped.

If you are a diabetic treated with insulin or tablets:

- You will need an early morning appointment. If you have been given a later appointment, please contact us.
- You will need to contact your diabetes specialist (E.g. Diabetes clinic, GP, Practice Nurse) for advice on how to manage your diabetes.
- On the morning of your test, do not take your insulin or diabetic tablets.

All other medication normally taken in the morning may be taken as follows:

- Morning appointments - take your medication before 7am or bring it with you to take after your test.
- Afternoon appointments - take your medication before 10am.

Medical History

If you have a Pacemaker or Implantable Cardioverter Defibrillator (ICD), please contact the unit using the phone number on your appointment letter. Please ensure this has been checked within 12 months of your procedure, and that the technicians are happy that the device is fully operational. Please bring your ID card showing the make and model of the device.

Also, please let us know if you:

- Are pregnant or breast feeding
- Have had any surgery (including eye surgery) in the past 6 weeks
- Have had a heart attack within the last six weeks
- Are waiting for heart surgery
- Are waiting for coronary angioplasty
- Have a tracheostomy or laryngectomy.
- Are on peritoneal dialysis

Will I need sedation?

We strongly recommend sedation for all patients who undergo this test. You may have had a normal endoscopy without sedation in the past, but this particular test does take longer so we advise sedation.

Sedation and/or a pain relief drug will be given as an injection into a vein in your hand or arm. The sedation will make you feel relaxed and less anxious but won't make you go to sleep. You will be awake and will still be able to communicate with us. Sedation may make you forgetful. Afterwards you may remember very little about the test.

You must have a responsible adult (18+) to take you home and look after you for 24 hours after having sedation. You will need to be collected from the Endoscopy Department directly. Do not travel home on public transport.

After having sedation you will be drowsy and small amounts of medication will remain in your body for up to 24 hours. During this period, although you may feel wide awake, you will still be under the influence of the sedation. Your concentration and co-ordination may be impaired and you may feel light-headed, faint or become forgetful. Due to this you must NOT do the following for 24hrs:

- Drive (you will not be covered by your insurance)
- Operate any machinery or electrical items such as kitchen appliances
- Drink alcohol, take recreational drugs, sedative drugs or sleeping tablets (the sedation may mean that the effects are greater)
- Sign any legally binding documents or make life changing decisions
- Return to work
- Be responsible for anyone else including children or elderly relatives

Throat spray

Before your test your throat will be sprayed to make it numb. Afterwards, the nurse will advise when it is safe to eat and drink.

How long will I be in hospital?

Your length of stay can vary, but on average you should expect to be in the department for up to five hours. If your test and recovery is complete, you may be ready to go home sooner.

We will always try to see you at your appointment time. However, please note that there are several factors that may cause unavoidable delays. We will endeavour to keep you informed of any major delays.

Do I need to bring anything with me?

Please bring:

- A copy of your most recent prescription or a list of your medication.
- A book or magazine to read whilst you are waiting.

Please do not bring any valuables with you. We cannot be responsible for loss or damage to personal property.

Visitors

Our Endoscopy Units are very busy and to ensure the privacy and dignity of all our patients we are unable to accommodate friends and relatives in the department. However, staff may assess your circumstances and make exceptions where necessary. For example:

- The patient concerned has specific additional needs or requirements
- The patient is 16 to 18 years of age
- The patient requires support with communication needs

During your test, friends and relatives can make use of on-site facilities for refreshments. If you are having sedation you will need to be collected from the department. Staff will contact friends and relatives by phone when you are ready if necessary.

If you would like to discuss your needs before arrival, please telephone the Endoscopy Department.

What happens when I arrive?

The receptionist will ask you a few questions and ask you to take a seat in the waiting room. A nurse will then take you to a private area where:

- Your personal details will be checked.
- You will be asked some questions about your general health.
- Your blood pressure, pulse and oxygen level will be recorded.
- Your test will be explained and your questions answered.
- Arrangements for going home and aftercare will be checked. If the person that is collecting you is not present, we will need to call them to confirm they are available to collect you.
- A needle will be inserted into the back of your hand or arm. The needle will be removed and a soft plastic tube left in place. This will be used to give your sedation or a medicine to relax the bowel during the test.
- If you are a diabetic your blood sugar level will be checked before and after your test.
- If you are taking tablets to thin your blood, we will check the result of your most recent blood test. Occasionally, we may need to take another sample to make sure it is safe to carry out your test.
- You will be asked to take a seat in the sub-waiting area.

Our aim is to maintain your privacy and dignity at all times. Please raise any concerns or issues with endoscopy staff.

Before the test

Your admitting nurse, or the endoscopist, will make sure you understand the test before asking you to sign a consent form.

Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.

What happens during the test?

- When you enter the procedure room, additional checks will be completed (For example, your name, date of birth, allergies, medical history etc.).
- If you have dentures, you will be asked to take them out. We will give you a pot to put them in.
- Your throat will be sprayed with a banana flavour local anaesthetic to make it numb.
- You will be asked to lie down on your left hand side.
- A probe will be clipped on to your finger to monitor your breathing and heart rate. We may also periodically check your blood pressure.
- A mouth guard will be placed between your teeth (you will be given the option of placing this yourself if you wish). The mouth guard will prevent you from biting the scope.
- Sedation will be given just before the test starts.
- The flexible tube is passed through your mouth and into your stomach.
- Air is gently blown inside to expand your stomach to allow good views.
- We may take internal photographs. These images are only used for medical purposes. Your privacy will be respected.
- The samples will be taken.
- Anything unusual, which we can treat during your test, will be treated unless you ask us not to before the test begins.
- Normally the test will take on average 30-60 minutes. At the end of your test, the flexible tube is easily removed.
- If you decide to watch your test on the monitor, please note that images are greatly magnified.

Who will be present during my test?

As a minimum:

- The Endoscopist.
- Two members of endoscopy nursing staff.

Sometimes, additional staff may be present, depending on circumstances on the day of your test:

- *A trainee Endoscopist, who may carry out your procedure under the supervision and guidance of a consultant Endoscopist.
- Another doctor in an observational capacity.
- A specialist nurse if required.
- *A student nurse or medical student on placement.

*The Trust participates in the training of doctors, nurses and other healthcare staff. Should you wish to discuss this during your visit, please speak to a member of the nursing staff.

After your test

- You will be transferred into the recovery area to rest.
- You will be monitored by the nurses until you are fully recovered.
- You may feel a little bloated with wind. This should settle quickly.
- The local anaesthetic spray can affect your swallowing so we will ask you not to eat or drink anything for an hour or until the numbness has subsided and your swallowing reflex has returned to normal. After this time you may be able to have a drink and a snack depending on the area that has been sampled. Your throat may be a little sore for a few days.
- A nurse will talk to you (in a private room) about the findings of your test and any follow up. If you would like someone with you whilst receiving the results, please inform the nurse. You will also be given written information about this and a discharge advice sheet.
- It can take a few weeks for the laboratory doctors to reach their conclusions and then issue a report. Usually the results will be sent to the doctor who requested the test and then they will let you know. If the diagnosis is obvious, the endoscopy doctor may tell you their findings. If your case is a little more complex the doctor may not tell you much information directly after the procedure, as the referring doctor will need to consider the endoscopic results in the context of your symptoms and other test results.
- The person collecting you will need to speak to the nurse to know how to look after you before you can go home.
- Again, you will be able to ask any questions you have.

Problems following your test are unusual. When you leave the unit, we will provide you with a discharge advice sheet which will contain the possible after effects of your test and contact details should you need them.

Depending on the treatment carried out during your test, we may advise you to avoid lifting or strenuous activity, for up to two weeks after your test. On rare occasions we may also advise that you do not fly. Please can you contact the endoscopy unit if you are due to fly within two weeks of your appointment date for further advice or rescheduling of your appointment.

What are the possible risks or complications of having this test?

This test is usually very safe. However, as with any procedure, there is a small risk of complications. These may include:

- Risk of damage to teeth or dental bridgework.
- A sore throat.
- Pneumonia, if stomach contents are inhaled.
- Changes to your heart rate and breathing caused by the sedation or the test itself.
- Bleeding, particularly if you have a fluid filled cyst that is being sampled. This is usually minimal and rarely requires follow up. Bleeding can also be caused by irritation of the lining of the gut by the endoscope, taking samples of tissue or other treatments carried out during your test.
- Perforation (less than 0.1%), where the endoscope causes a small tear in the gut.
- Pancreatitis (1% risk), which is irritation/inflammation of the pancreas gland. This can occur if the area of abnormal tissue being sampled is within the pancreas itself. Pancreatitis causes mild to severe pain accompanied by fever and may require admission to hospital. Rarely, this can be more serious.
- Infection. This is unusual but is more likely if samples have been obtained from a fluid filled cyst, in which case we will give you antibiotics.

If you experience these complications, they can be minor and resolve themselves fairly quickly. However, sometimes you may need to stay in hospital for observation, have a blood transfusion, undergo a repeat endoscopic test or radiological test, or have an operation to repair the damage.

Although complications are rare, you should get in touch with your GP straight away (or attend the nearest A&E department if your GP is not available) if you notice any of these symptoms in the 48 hours after your test:

- Severe stomach pain worsened by moving or coughing.
- Bleeding from the back passage that is persistent or severe, including blood clots.
- Pain in the tip of the shoulder.
- Persistent or increasing abdominal swelling.
- Shortness of breath.
- Very dark or blackish motions.

What are the discomforts of the test?

Some patients experience discomfort or abdominal pain during the test. This may be caused by the flexible tube and air being passed inside. This is rarely distressing enough to stop the test. We remove as much air as possible when the test is complete. You will be given an effective pain relieving injection before the procedure in addition to the sedation

Sometimes, people do feel a little discomfort during the passage of the needle, but most feel no more than a mild internal pressure.

What will happen if I don't have the test?

This will vary depending on your individual circumstances. If you do not have the test your doctor may not be able to find the cause of your symptoms or provide treatment. Should you have any questions about this, please speak to your doctor.

Research

Manchester University NHS Foundation Trust is at the forefront of research into a variety of conditions. You may be asked to consider taking part in a clinical trial. If approached, further information will be provided and you will be asked for additional consent if you decide to proceed. You are under no obligation to take part in research. Deciding not to take part will not affect your care.

No Smoking or Vaping Policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking, and the use of e-cigarettes, is not permitted within any of our hospital buildings or grounds.

For some great information go to: www.nhs.uk/smokefree

Violence, aggression and harassment

We are committed to the wellbeing and safety of our patients and staff. Please treat others with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecution.

Comments, complaints, concerns and compliments

The Trust collects feedback from service users in order to give assurances we are providing the best patient care. During your visit, we will ask you to provide feedback on the service you have received by completing either a Friends and Family Test or What Matters To Me survey.

You will also be asked to complete our endoscopy specific patient survey form. This can be completed online or via a paper form which you can post back to us (a stamped addressed envelope will be provided). The endoscopy unit utilises this information to improve our service.

Other ways in which you can provide feedback are:

- Ask to speak to the ward or department manager. If you would like to discuss a concern or make a complaint, they may be able to help straight away.
- Complete the Family and Friends Test (FFT) online at mft.nhs.uk/fft. Please make sure that you select the correct hospital and ward/unit.
- Contact the Patient Advice and Liaison Service (PALS):
 - Telephone (0161) 276 8686.
 - Email pals@mft.nhs.uk.
 - Ask for a PALS information leaflet.

Check list

- Are you able to keep your appointment? If not have you phoned to cancel or change it?
- If you are worried or have any questions to ask, have you contacted us?
- If you are having sedation, have you arranged for an adult to take you home and look after you for 24 hours?
- If you are taking anticoagulants, such as Warfarin or Synthrome, have you been in touch with your anticoagulant clinic to have your clotting level checked within one week of your appointment?
- If you are a diabetic treated with Insulin or tablets:
 - Have you got a morning appointment? If not, please call to change it.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. If you require an interpreter for your test, please call to let us know.

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك
 اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ
 کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন
 কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się
 do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si
 uu kuugu.

如果你需要翻译或翻译员，请要求我们的员工为你安排

Is there anything you would like to tell us on the day of your test, or do you have any questions you would like to ask? Please make a note of them here.



www.england.nhs.uk/what-matters-to-you