

Endoscopic bronchial ultrasound

Lung Investigation Service Patient Information Leaflet

Introduction

The purpose of this leaflet is to answer any questions you may have about having an endoscopic bronchial ultrasound (EBUS). If you are unsure of anything, please do not hesitate to ask the doctors and nurses caring for you.

What is an endoscopic bronchial ultrasound?

This type of ultrasound uses a long thin camera (called a bronchoscope) that is about the width of a pencil. It has an ultrasound probe at the end of it. It is passed into your mouth and down into your windpipe and bronchial (or breathing) tubes.

When the ultrasound probe is pressed against the walls of the bronchial tubes, it allows the doctors to 'see through' the walls and create pictures of the surrounding structures. In this way they can view the lymph glands around the outside of the bronchial tubes.

At the same time they can take biopsies, where a small piece of tissue is removed using a special needle. This sample is sent to the lab for analysis.

Your doctor will use the ultrasound to guide him to the area where the biopsy needs to be taken from. You should not feel any pain during the biopsy.

We will give you a local anaesthetic spray into your mouth before the procedure and a sedative to help you to relax.

Why do I need this test?

This test is usually recommended for taking biopsy samples from enlarged lymph glands. These cannot be seen using a normal bronchoscopy.

What are the benefits of the test?

The hospital doctor can use the information to help diagnose your condition.

What are the risks?

This is a safe procedure but like all medical tests or operations, there are some risks involved. For EBUS the complications are:

- You may have a mild sore throat for a couple of days after the test but this should soon disappear.
- You may cough up some blood for 24 to 48 hours afterwards but this is usually nothing to worry about.

If you become very unwell or develop a fever (a high temperature), you should contact the GI Unit on 01384 456111 ext. 2390 or your GP for advice.

If you start coughing up a lot of blood, become short of breath or have severe chest pain when you go home, you will need to come back to the hospital immediately.

Safety

The sedating drug we use is very safe. There are trained nurses with you at all times who will monitor you during the procedure and in the recovery area afterwards.

However, there are some complications with sedation. These are rare but can include:

- feeling or being sick
- small particles of food falling into the lungs and triggering an infection (aspiration pneumonia)

The risk of complications from sedation is slightly higher in the elderly or those with chronic chest or heart disease.

What are the alternatives?

These will depend on your condition. Your consultant will discuss these with you.

What should I do before coming to hospital?

- As you are having sedation, it is important that you arrange for someone to bring you to hospital and take you home afterwards. You will not be able to drive or use public transport after the procedure.
- You must not have anything to eat or drink for **four hours before** the procedure because it is safer for you if your stomach is empty.
- Take your usual medication on the day of the test with a small sip of water, unless your doctor tells you otherwise.
- Inform the hospital doctor before the procedure if you are taking any medication that thins the blood such as aspirin, warfarin, or clopidogrel. You will need to stop taking this at least five days before the test. The doctor will give you instructions about this.

What happens during the test?

We will ask you to lie on your back on an examination trolley with your head resting on a pillow.

We will put a small needle into your hand. This is to give you sedative medicine to make you feel relaxed and sleepy, and it reduces coughing.

We will give you more sedation during the procedure, if needed. After having sedation, many patients do not remember anything about the test. A nurse will monitor your heart and oxygen levels throughout the test. They will give you oxygen through a small tube placed just inside both your nostrils.

We will spray local anaesthetic into your mouth. A small amount is also injected into the front of your throat. This will cause a very slight sting in your throat and will make you cough. This soon stops and your mouth and throat will go completely numb.

We will place a plastic mouth guard between your teeth. The doctor will then pass the bronchoscope into your mouth.

Your doctor will use the ultrasound to guide him to the area where the biopsy needs to be taken from. You should not feel any pain during the biopsy.

What do I need to do after the procedure?

Afterwards, you will need to rest for a while in the recovery area until the sedative has worn off.

You will not be able to eat or drink anything for about 90 minutes until the local anaesthetic has worn off because your throat will be too numb to swallow safely.

Once the nurses are happy that the sedation has worn off, you will be able to go home. Make sure you rest for the remainder of the day.

As you will be sedated for the procedure:

- You will need to arrange for a responsible adult to take you home afterwards, either by car or taxi. You will not be able to go home on public transport.
- Someone should stay with you overnight.
- You cannot by law be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
- You should not sign legally-binding documents for 24 hours afterwards.

The sedation we give patients for the procedure makes you comfortable but it may affect your memory for up to 24 hours. You may not remember anything about the procedure afterwards.

You may cough up small amounts of blood for 24 to 48 hours after the procedure. This is quite normal and should settle down.

If you become very unwell or develop a fever, you should contact the GI Unit on 01384 456111 ext. 2390 or your GP for advice. If you start coughing up a lot of blood, become short of breath or have severe chest pain when you go home, you will need to come back to the hospital immediately.

When will I find out the results?

They should be available within two weeks. We will send you an appointment to see your consultant.

Useful telephone numbers

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit

01384 456111 ext. 2113 or ext. 2390 (9am to 5pm, Monday to Friday)

Lung nurse specialists

Maxine Palmer and Kim Homer

01384 456111 ext. 2752 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/respiratory-medicine/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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