

WHAT IS AN ENDOSCOPIC ULTRASOUND (EUS)?

An EUS is where your 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. Diagnoses diseases of internal organs including pancreatitis or cysts of the pancreas. Detect bile duct stones, including gall stones. And to 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 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. You will be informed 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.



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Notify Dr Seleem's rooms at Launceston Endoscopy Clinic on 03 6709 8012 during working hours or the hospital Emergency Department straight away if you have:

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

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.

Please note that this document is intended to provide a general overview of an endoscopic procedure. It is not intended to serve as a substitute for a consultation or professional medical care.



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