

EUS stands for endoscopic ultrasonography. This procedure allows your physician to examine the walls of your upper and lower gastrointestinal tract and organs near the gastrointestinal tract such as the liver, gall bladder, bile duct and pancreas, as well as lymph nodes.

Your physician will use a thin, flexible tube called an endoscope with a miniature ultrasound probe. Depending on the area being examined, your physician will pass the endoscope through your mouth or anus, using the ultrasound to create sound waves that bounce back to generate visual images of the digestive tract.

Reasons for Exam

EUS provides your doctor with more detailed images of your digestive tract than would be available with other tests. EUS can also be used to evaluate known abnormalities, including lumps or lesions, which were detected at a prior endoscopy or were seen on X-ray tests. With a detailed image of a lump or lesion, your doctor can determine its origin and the appropriate course of treatment.

- Evaluate stages of cancer.
- Evaluate chronic pancreatitis or other disorders of the pancreas.
- Study abnormalities or tumors in organs.
- Study nodules and polyps on the intestinal wall.

Preparation for the Exam

Specific instructions will be provided to you regarding cleansing the gastrointestinal tract and/or bowel in anticipation of the EUS examination. It is very important that the instructions be followed as outlined in order to ensure a successful procedure.

Please bring a list of medications you currently take, including the dosage of these drugs, and inform your physician of any allergies you have to medications. If you are taking aspirin or blood thinners, please notify your doctor as the use of these drugs may need to be modified or discontinued temporarily.

A companion must accompany you to the examination. You will be given medications to sedate you during the procedure and you will need someone to take you home. Driving an automobile is not allowed after the procedure. Even though you may not feel tired, your judgment and reflexes may not be normal.

What to Expect During the Exam

An endoscopic ultrasound is usually performed at an endoscopy center. For some patients, deep sedation, where the patient is completely asleep, is utilized. For most patients, the throat is anesthetized and the patient is comfortably sedated and will only feel minimal discomfort, if any.

Once sleepy, the endoscope will be inserted and the procedure started. Your physician will observe the inside of your intestinal tract on a TV monitor and the ultrasound image on another monitor. The entire procedure generally takes 30 to 90 minutes.

Once you are fully awake you can be taken home where you should rest for the remainder of the day. Light meals and fluids are allowed. You may feel temporarily bloated and your throat may be sore. You should contact your physician if concerned about your progress or are experiencing severe pain, vomiting, passage or vomiting of blood, chills or fever.

Results of the Exam

After the exam, the physician explains the results. If the effects of the sedatives are prolonged, the physician may suggest an appointment for a later date when the patient can fully understand and remember the results.

Benefits of EUS

EUS is a cutting edge procedure that allows your physician to evaluate the digestive tract and its organs in a less invasive way than previously available. The procedure is key to more accurately determine the proper diagnosis and staging of cancer and other gastrointestinal illnesses, leading to more efficient treatment and care planning. EUS is a safe and quick procedure that can help to minimize the need for more risky procedures.

Alternative Testing

Alternatives to EUS include CT, MRI, CT guided biopsy and open surgical exploration when there is a concern for cancer.

Risks of the Procedure

EUS is safe and associated with very low risk. A temporary, mild sore throat sometimes occurs after the exam. A potential, but rare, risk of EUS is aspiration of stomach contents into your lungs, where stomach contents are essentially breathed into the lungs. Another possible complication is perforation, in which a tear through the wall of the bowel may allow leakage of intestinal fluids. This complication usually requires surgery for treatment.

Bleeding may occur from the site of biopsy or polyp removal. It is usually minor and stops on its own or can be controlled by cauterization (application of an electrical current) through the endoscope. Rarely transfusions or surgery are required. Irritation of a vein at the site where medications were administered may also occur. Finally, like any test, pathology may be missed in a small number of cases leading to an error in diagnosis.

Drug reactions may also occur despite careful review of an individual's medical history. These complications may require hospitalization and, rarely, surgery. Complications from EUS can, in extremely rare circumstances, lead to death.

For more information, please visit arizonadigestivehealth.com