



Patient information

Endobronchial Ultrasound

This document contains important information about your upcoming investigation and should be read immediately, giving you time to think of any questions.

PLEASE READ NOW

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It has been recommended that you have an endo-bronchial ultrasound procedure (EBUS). This leaflet gives you advice and information about the procedure and explains what you can expect when you come into hospital.

What is an endo-bronchial ultrasound (EBUS):

EBUS is a procedure where a small, thin telescope called a bronchoscope is passed into your mouth, down your throat and into your windpipe. An ultrasound probe is attached to the bronchoscope. When the bronchoscope is in your windpipe, the doctor is able to see your airways (breathing tubes) and use the ultrasound probe to look at any abnormal areas in the airways or the lymph nodes (glands) which are situated around the airways. If any abnormal areas are seen, the ultrasound probe has a needle attached to it and samples, known as biopsies, can be taken.

Risks:

1. Severe chest infection (mediastinitis)
2. Coughing up blood after bronchoscopy, especially if biopsy samples have been taken
3. Lung collapse if biopsy samples have been taken of the actual lung tissue
4. Major lung bleeding less than 1 person in 1,000
5. Death less than 1 person in 5,000

Before your test:

If your test is in the morning, do not have anything to eat or drink from midnight before coming into the hospital. If your test is in the afternoon you can have a light breakfast but do not eat anything after 7.30am. You can take your normal medication on the day of the procedure with a small amount of water. **Please remember to bring a list of your medications or your medications in with you so we know what tablets you are taking.** Please leave any jewellery or valuables at home.

When you come into the day case unit or ward, a doctor or nurse practitioner will explain the procedure to you and ask you to sign a consent form (if not already done at the clinic). If you have any questions or concerns, these can be answered at the time of consent.

A plastic needle (cannula) will be placed into a vein in your arm to allow the doctors to give you sedation before the test. Your throat will also be sprayed with local anaesthetic to numb it. This has a bitter banana taste.

During the test:

You will be made comfortable in the procedure room on a trolley or couch. There will be a nurse present throughout the procedure to explain what is happening to you. You will be given oxygen through a small plastic tube, which is placed, in your nostrils. Your oxygen levels and heart rate will be monitored throughout the procedure. Sedation will then be put into the cannula to make you sleepy and your throat will be sprayed with local anaesthetic. As the bronchoscope is passed into your windpipe it may feel slightly uncomfortable. More local anaesthetic is sprayed to numb the voice box. This can make you cough but as the anaesthetic takes effect the coughing settles down.

The procedure takes approximately 20-30 minutes. During this time the doctor will look at the airways and lymph nodes and take any biopsies that are needed.

After the test:

You will be taken from the procedure room back to the recovery area and encouraged to rest, as you may still be sleepy. As your throat has been sprayed with local anaesthetic, you cannot eat or drink for approximately two hours. During this time you will still be receiving oxygen and the nurses on the ward will be monitoring your oxygen levels. Once the sedation and local anaesthetic has worn off, you are allowed to eat and drink and you will be discharged home.

You must not drive, operate dangerous machinery, drink alcohol or sign legally binding documents for 24 hours after the sedation.

Someone should come and pick you up and take you home and stay overnight with you after your test. You should rest for the remainder of the day and have someone stay with you overnight.

What to expect when you are home:

Your throat may be sore and your voice hoarse for a few days after the test, but this will settle. It is quite normal to cough up small amounts of phlegm with blood for a day or two after the test, especially if biopsies have been taken.

If you **cough up large volumes of blood, feel short of breath or have any new chest pain**, particularly on breathing or coughing please contact your GP as soon as possible or go straight to the nearest Accident and Emergency Department. Dial 999 if you have no one to take you.

What about my results?

The results of the test should be available within two weeks and will be sent to the doctor who organised the test. You may have a follow-up clinic appointment already, but if not, one will be sent out to you. If you are not contacted within three weeks please get in touch with us.

Contact details

St John's hospital

Respiratory secretaries: **01506 523 830**

Endoscopy department: **01506 523 938**

Respiratory secretaries: **0131 242 2046**

Endoscopy department: **0131 242 1777** or **0131 242 1839**

Western General Hospital

Respiratory secretaries: **0131 537 2348**

Endoscopy department: **0131 537 1695**

For out of hours advice, phone NHS 24 on **111**.

For emergencies, go directly to your local A&E department or phone **999**.

Consent Form for an Endobronchial Ultrasound	Addressograph, or
	Name
	DOB
Unit No./CHI	

Name of procedure/investigation: **Endobronchial Ultrasound**

Inspection of the bronchial tree and lymph nodes using a flexible scope – with or without a biopsy. Please refer to the accompanying patient information leaflet for further details.

To the patient

You have the right to change your mind at any time, including after you have signed this consent form.

I have read and understood the information in the patient information leaflet, including the benefits and any risks such as infection, collapsed lung, bleeding, death.

I agree to the procedure described in the patient information leaflet and mentioned above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have the appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

Signature:

Print name:

Date:

Clinician's signature:

Print name and status:

Date:

If you would like to ask further questions, please do not sign the form now. Please bring it with you and you can sign it after you have talked to the healthcare professional.

To the healthcare professional

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks.

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Healthcare Professional's signature:

Print name and job title:

Date:

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand.

Signature:

Print name:

Or, please note the telephone interpreter ID number:

Date: