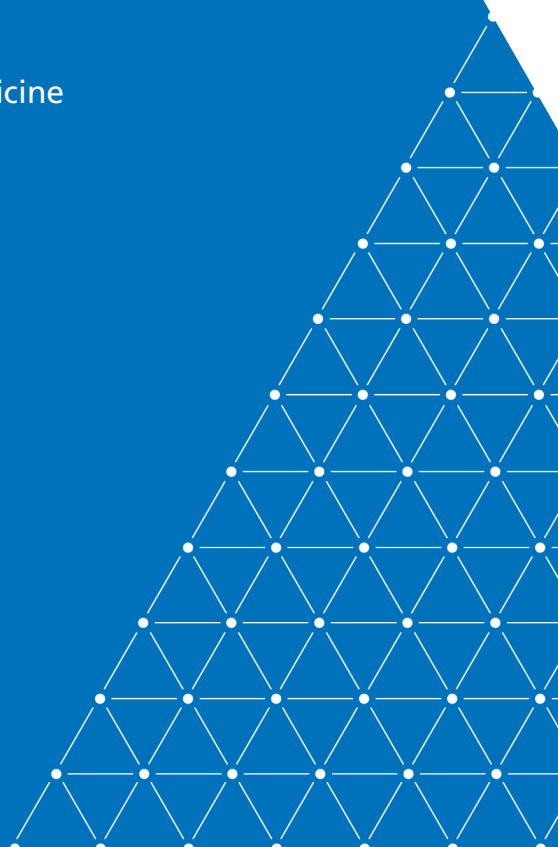
NHS
University Hospitals Sussex
NHS Foundation Trust

Having an Endobronchial Ultrasound (EBUS)

Department of Respiratory Medicine



Patient Information

This leaflet will help you and your family to understand more about EBUS. Please read it and ask any questions you may have. The specialist will ask you to confirm that you have read it and explain the procedure to you personally, before asking you to sign a consent form. This will either be done in the clinic or in the endoscopy department immediately before the test.

The leaflet is divided into sections:

- What is an EBUS?
- Why do I need an EBUS?
- Is there an anaesthetic?
- What should I do on the day of the EBUS?
- What will happen before the procedure takes place?
- How is it carried out?
- Are there any risks?
- What happens afterwards?
- Do I need someone to take me home?
- When will I know the results?
- Who can I contact if I have a question?

And finally, the date and time of your test, together with directions on where to go, will be written for you on the leaflet.

What is an EBUS?

EBUS (Endobronchial Ultrasound) is a test which allows sampling of lymph nodes within the chest.

Samples of the lymph nodes can be taken from inside the lungs and sent to the laboratory to check for any abnormalities.

Why do I need an EBUS?

An EBUS is usually suggested if there are abnormal appearing lymph nodes identified on radiological scans. Sampling these lymph nodes may help your doctor determine the most appropriate route of treatment.

Is there an anaesthetic?

You will usually be given a sedative injection before the procedure starts to help you relax.

A local anaesthetic will be sprayed into your throat, and the scope will be gently passed through your mouth.

More anaesthetic will be given through the bronchoscope into your airways as the test continues.

A bronchoscope is a thin, flexible tube with a light and camera that allows the doctor to look inside your airways and lungs.

You won't feel any pain inside your lungs, even if tissue samples are taken. The local anaesthetic helps to stop you from coughing.

You don't need a general anaesthetic for this procedure.

What should I do on the day of the EBUS?

Eating and drinking – You should not eat anything at all for at least 6 hours before the test. You can drink water only (no tea, coffee, or other liquids) for up to 2 hours before. For the final 2 hours before the test you should not eat or drink anything at all.

Medication – You should take your usual medications on the morning of the test, with any necessary sips of water, except:

- If you are taking tablets for diabetes, do not take them on the day of the test. If you are taking insulin, the doctor will advise you beforehand, but usually any short-acting insulin is omitted in the 6 hours before the test, while long-acting basal insulin doses are reduced by 2/3 on the day.

Blood thinners: Please let us know if you are taking any of the medications below because your individual health needs may vary but below is a summary of usual practice:

- **Warfarin:** usually stopped 5 full days before the procedure. You will need an INR blood test 1-2 days before the procedure to ensure you INR is below 1.5. In some situations, we may give you an alternative shorter acting agent to take instead, in the lead-up to your procedure.
- **Aspirin:** Do not take on the morning of the procedure.
- **Clopidogrel:** Usually stopped 7 full days before the procedure.
- **Dipyridamole:** Usually stopped 7 full days before the procedure.
- **Ticagrelor:** Usually stopped 7 full days before the procedure.
- **Rivaroxaban:** Usually stopped 2 full days before the procedure.
- **Apixaban:** Usually stopped 2 full days before the procedure.
- **Dabigatran:** Usually stopped 2 full days before the procedure.
- **Dalteparin:** (injections) Usually stopped 1 full day before the procedure.
- **Enoxaparin:** (injections) Usually stopped 1 full day before the procedure.
- **Edoxaban:** To be stopped 2 full days before procedure.

What will happen before the procedure takes place?

- Nurses will show you to a bed and check your details.
- You will be asked to change into a hospital gown.
- Your pulse, blood pressure, and oxygen levels will be recorded.
- A small plastic cannula will be placed in one of your arm veins for any sedative injection later.
- The doctor performing the EBUS will:
  - Explain the test to you
  - Ensure you understand the procedure and have read the leaflet
  - Ask you to sign a consent form

- Questions about your condition may not be answered by the doctor performing the procedure if you were referred from another hospital.
- For concerns related to your condition, contact your respiratory physician or clinical nurse specialist directly.
- Results from the procedure will be sent to your consultant as soon as they are available.
- Any questions about your results should be directed to your local consultant or clinical nurse specialist.
- The results will not be given directly to you by the staff performing the procedure.

How is it carried out?

- You will be asked to lie on a couch, usually in a semi-upright position.
- The bronchoscopist (the doctor performing the procedure) will stand behind your head.
- Once the sedative and local anaesthetic have taken effect:
  - the bronchoscope will be gently passed through your mouth and into your throat.
  - your throat will be examined, and more local anaesthetic will be applied.
  - after a short pause to let it work, the bronchoscope will be passed down your windpipe and into your bronchial tubes.
- You may feel some discomfort as the bronchoscope passes through your throat. This will pass quickly. The main sensation you may notice afterwards is a need to cough.
- The bronchoscope is small compared to the windpipe and bronchial tubes, so there is plenty of room to breathe, but you will not be able to talk during the procedure.
- The images from the bronchoscope are shown on a tv screen that the doctor watches.

- Samples (biopsies) are taken by inserting a small needle through the bronchial tube being examined.
- A tiny ultrasound probe at the end of the bronchoscope helps the doctor locate the correct area to sample.
- The sample collected contains cells from the lymph nodes, which are then analysed in the laboratory for signs of infection or cancer.
- The procedure usually takes about 45 minutes to 1 hour.

Are there any risks?

EBUS is very safe, but there are sometimes side effects and, rarely, complications which you need to be aware of in order to decide whether or not to agree to have this procedure.

Side effects

During the examination, coughing is common, though local anaesthetic is used to reduce this as much as possible. After the test, it is likely that you will have a sore throat for a day or two or some soreness of the nose. You might also have a hoarse voice for a short time.

It is quite common to cough up small amounts of blood for a few hours after EBUS.

Complications

Major complications are uncommon, affecting only about 1 to 5 people in every 1,000 bronchoscopies.

Possible complications include:

- Significant bleeding or lung collapse after a biopsy.
- Infection in the lung.
- An allergic reaction to the local anaesthetic or sedative.
- Irregular or rapid heartbeat, especially in people with existing heart disease.

Breathing difficulties can occur during the procedure, particularly in people with asthma or COPD (chronic obstructive pulmonary disease, such as emphysema).

- Sedation can sometimes make breathing slower and cause low oxygen levels in the blood.
- In very rare cases, this may be severe enough for an anaesthetist to insert a breathing tube and for the patient to be transferred to intensive care.

Serious complications such as cardiac arrest or death are extremely rare (about 1 in 10,000 procedures).

The risk is higher in people who already have serious lung or heart disease, and this is carefully considered and discussed before the procedure.

Your safety

Blood tests will be carried out to check your blood clotting and help reduce the risk of unexpected bleeding during the procedure.

Please make sure you have told the healthcare team about:

- Any breathing or heart problems you have.
- Any allergies you know of.
- Any medicines you are currently taking.

If you are taking clopidogrel (Plavix®) to thin your blood, you will need to stop this 7 days before the test.

If you are taking other blood thinners, such as warfarin, you will also need to stop these 7 days before the procedure, as advised by your doctor.

During the procedure:

- Your oxygen levels will be continuously monitored using a clip probe on your finger.
- You will be given extra oxygen through a mask or nasal tube.
- Your heart rate and blood pressure will be checked regularly throughout.

What happens afterwards?

- After the EBUS you will:
  - be taken to the recovery area
  - located a short distance from the procedure room.
- For the next 1–2 hours at regular intervals the nurses will monitor your:
  - pulse (heart rate)
  - blood pressure
  - breathing.
- During this time, you will not be able to eat or drink because your throat will still be numb from the anaesthetic.

Do I need someone to take me home?

Yes, please arrange for someone to bring you and take you home.

- You must not drive yourself home and should avoid driving or operating machinery for 24 hours.
- The hospital can only provide transport if it is impossible for you to make any suitable arrangements.
- You will usually be allowed home after about 2 hours.
- Please ensure you have someone at home with you until the following day, and take it easy for the next 24 hours.

Can I drink alcohol after the EBUS?

No. Do not drink alcohol for the next 24 hours.

When will I know the results?

You should be given an outpatient appointment within 2-3 weeks

We do not usually discuss the results immediately after the procedure.

This is because the sedative can make it difficult to remember information for a few hours.

In addition, some lab results may not be available straight away.

If there is something important to share and you are with a companion, we will speak to you both before you leave.

Who can I contact if I have a question?

For any questions about the EBUS, please contact the respiratory administrators (details below)

If you experience any problems after the test:

- During normal working hours, contact the respiratory administrators at the number below.
- Outside working hours, contact the medical registrar on call at RSCH (see below).

Respiratory administrators 01273 696955 Ext. 67825

Medical registrar 01273 696955

St Richards Hospital

For questions about the procedure, contact the respiratory administrators at:
Respiratory administrators 01243 831728

If you have a problem after going home:

Call the same number during working hours.
Out of hours, please call 111.

Please report to:
Chichester Treatment Centre, North Wing, St Richard's Hospital, Spitalfield Lane, Chichester, PO19 6SE

Further information and support

The British Lung Foundation

Helpline

03000 030 555 **www.asthmaandlung.org.uk**

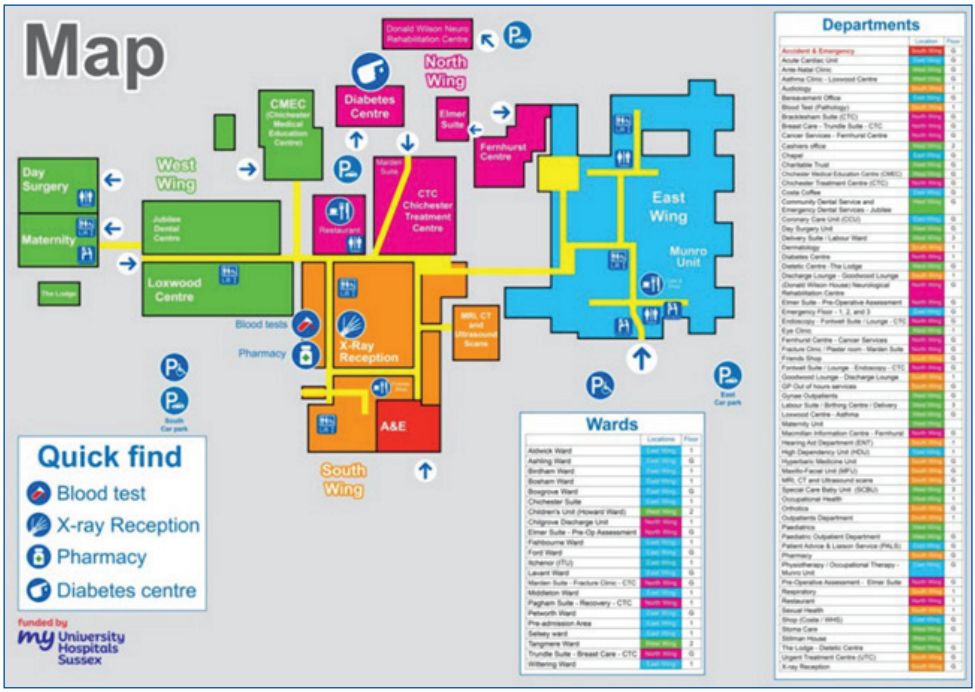
The EBUS takes place on:

Endoscopy Unit, Level 9, Millennium Building
Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE



Map of The Royal Sussex County Hospital

For St. Richard's Hospital the EBUS takes place on:
Chichester Treatment Centre, North Wing, St Richard's Hospital, Spitalfield Lane, Chichester, PO19 6SE



Map of St Richard's Hospital

Patient agreement to investigation or treatment

Patient details (or preprinted label) Male ¨ Female ¨

Surname _____ Special requirements

_____ (eg other language/communication method)

_____

First names _____ _____

Date of birth _____ Responsible health professional

NHS number _____ _____

Name of proposed procedure or course of treatment (Please tick)

Emergency ¨ Elective ¨

Flexible Bronchoscopy ¨ Endobronchial Ultrasound ¨

(Examination of the insides of the airways, trachea and bronchi in the lungs, with biopsies, brushings and washings as appropriate)

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:
The intended benefits
To assist in the diagnosis and possible treatment of various conditions affecting the lungs or airways.
Common risks – Sore nose and throat, coughing blood.
More serious but rare risks – infection, breathing difficulty, respiratory depression.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
The booklet 'Having a Bronchoscopy / EBUS' has been provided ¨
This procedure will involve: Local anaesthesia ¨ Sedation ¨

Signed _____ Date _____

Name (PRINT) _____ Job title _____

Contact

_____

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

Signed _____

Name (PRINT) _____ Date _____

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of the booklet 'Having a Bronchoscopy' which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that any tissue/body parts removed during the procedure will be used for diagnosis and then disposed of appropriately and/or used for education/research purposes.

I understand that data regarding my treatment may be provided to the Department of Health for Audit purposes, and if necessary that appropriately appointed personnel may review my medical notes to validate this data.

Patient's signature _____ Name (PRINT) _____ Date _____

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signed _____ Date _____

Name (PRINT) _____ Relationship/Job title _____

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed _____ Date _____

Name (PRINT) _____ Job title _____

Important notes; (tick if applicable)

¨ See also advance decision (e.g. Jehovah's Witness form)

¨ Patient has withdrawn consent (ask patient to sign/date here)

My EBUS

Date: _____

Time: _____

Place: _____

Notes and questions

Today's research is tomorrow's treatments.
That's why UHSx is proud to be a research-active Trust.

Find out how you can get involved. Visit our website **www.uhsussex.nhs.uk/research-and-innovation/information-for-patients-and-public** or scan the QR code

This leaflet is intended for patients receiving care in Brighton & Hove, Haywards Heath and St Richard's

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CPIG
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