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Patient Information Sheet – Endobronchial Ultrasound

Endobronchial ultrasound (EBUS) is very similar to an ordinary bronchoscopy and is described in full detail below.

What is EBUS?

It is a long flexible tube, about the width of a pencil. In addition to a light there is a miniature ultrasound scanner at the end of the telescope. This allows the doctors to see beyond the airway tubes and into the area between the lungs.

Why am I being advised to have an endobronchial ultrasound?

EBUS allows disease beyond the inner walls of the airway tubes to be seen directly and samples (biopsies) can be taken through the airway wall. This means that it is possible to diagnose disease in lymph glands (nodes) that are between the lungs. Before this test was available, it may have been necessary to have further scans or even an operation to obtain the same information. In 9 out of 10 cases, we would expect EBUS to give a helpful answer to the problem.

EBUS is used to

- Investigate enlarged lymph nodes in the chest.
- Diagnose conditions such as sarcoidosis or tuberculosis.
- Diagnose and stage cancer.

What should I expect?

Before the test you will be asked not to eat or drink anything for six hours. You may have water up to 2 hours beforehand. Please arrive 30 minutes before your appointment time. Just before the test, you will be given a sedative by injection into a vein to help you relax. Some patients fall asleep while others feel comfortable and relaxed. Following this sedation, some patients may not remember anything about the test. A gentle spray to the back of the throat (which tastes of bitter bananas) will make the throat numb. The nurses will attach a blood pressure cuff and a clip on your finger (which does not hurt) to measure your oxygen levels. We also routinely give you extra oxygen via a small plastic tube in the nostrils.

When you are lying comfortably and sedated, the tube is placed in the mouth, past the voice box and into the lungs. You will be able to breathe normally. It does not hurt but there is often coughing which is a normal part of the test. The procedure lasts 30 - 40 minutes. We will give you further doses of the sedative as required during the procedure.

You should not eat or drink for 1 hour after the test because your throat will be numb and you would not know if food or drink went down the wrong way. As soon as the sedation has worn off (after about an hour) you will be able to go home. You should not drive, operate machinery or drink alcohol for 24 hours after the test and should **arrange for someone to collect you from hospital** (as you may feel sleepy for the rest of the day).

Occasionally we are faced with emergencies, so please bear with us if your appointment is delayed. One of the doctors will explain any significant delays.

Are there any side effects or complications?

EBUS is an extremely safe test and the operators at UCLH are some of the most experienced in Europe.

Your throat may be a little sore for a day or so afterwards and you may feel tired or sleepy for several hours, caused by the sedative. You may also cough up a little blood for a couple of days following the test. This is normal after having a biopsy taken.

You should consult your GP if:

- You have chest pain, fever or breathlessness that doesn't settle after 2 days.
- You continue to cough up blood.

When will I know the results?

The results of the biopsies take 5 working days and will be sent to the doctor who has referred you for the procedure. Unfortunately it is not appropriate to discuss results over the phone.

Please contact us on 0203 447 9005

- If you have any questions
- If you are taking Warfarin or clopidogrel (Plavix)
- If you have had a heart attack or stroke in the last 6 weeks
- If you have had an infection of the heart valves in the past or had your spleen removed

Your feedback is encouraged

We are keen to make EBUS as straightforward and comfortable as possible. Please feel free to make any comments or suggestions for improvement to your doctor or nurses or via 02034479005.