



Digestive Health Center

LOWER ENDOSCOPIC ULTRASOUND (EUS)

INSTRUCTIONS

Appointment Date: _____ Arrival Time: _____ Procedure Time: _____ Physician: _____

**Plan to spend 4 hours in the GI Lab

Location 675 N Saint Clair St, **Galter** Pavilion,
4th floor, Chicago, IL

Insurance Codes:

Diagnosis Code (ICD 10): _____

Procedure Code (CPT): _____ 45341

Welcome

Northwestern Medicine Memorial Hospital strives for your experience with Endoscopy Services and the hospital to be excellent. Your safety and comfort are our primary concern and we want your stay to be an exceptional experience.

Appointment Information

You will receive an arrival time for your procedure. Please be aware that your procedure may be delayed due to unforeseen circumstances.

Please keep your original appointment. If you need to re-schedule your procedure, you MUST give at least a 7-day notice.

For scheduling related matters, please call: 312.926.0628

For clinical concerns/questions, please call: 312.695.5620

Transportation and Parking

Due to the lingering effects of the sedation, you **MUST** have a trusted and capable adult accompany you home at the time of discharge. You cannot take a Taxi, Uber or public transportation by yourself. Your procedure will be cancelled if you do not have an escort arranged.

You will NOT be able to return to work after the procedure.

Parking for the Lavin location is available within the Lavin building located at 259 E. Erie Street, which is accessible from both Erie and Ontario streets. Bring your parking ticket to the GI lab for validation to receive a discount on your parking deck fee. Valet parking is available.

Parking for the Galter Pavilion is located at 222 E. Huron Street. Use second floor bridge to access Galter Pavilion.

For more information on our parking garage locations, parking deck fees, and a map, please visit www.nm.org.

About your test

Endoscopic Ultrasonography (EUS) combines endoscopy and ultrasound, for more accurate diagnosis, tumor staging and planning treatment of gastrointestinal diseases.

An endoscope is used to perform the EUS. The endoscope is a flexible tube about the thickness of your little finger, with a tiny light, video camera, and an ultrasound probe on the end which is inserted through the mouth. Once the endoscope is in place, the ultrasound probe will be placed against the tissue to be examined. The physician will turn on the ultrasound probe to produce the sound waves that will create a detailed image of the surrounding tissue layers of the digestive tract. The lower EUS usually takes longer than the regular endoscopy because the physician is able to examine and interpret a more detailed picture of the digestive tract. The ultrasound endoscope is able to transmit two images on two different TV monitors. One image will be the inside of the lower digestive tract. By looking at this image, the physician can carefully examine the lining of these organs. The other image will be a detailed ultrasound picture of the surrounding tissue and digestive organs.

By using a technique called EUS-Guided Fine Needle Aspiration (FNA), EUS can also provide a tissue diagnosis of tumors in and around the digestive tract. The physician, when performing the EUS procedure, precisely guides a special thin needle into a tumor, lymph node, or a collection of abnormal fluid. The cells obtained with the thin needle are then examined under a microscope to determine whether abnormal cells or cancer cells are present. The fine needle passed through the ultrasound endoscope can also be used to inject medications into tissues or tumors.

Your physician may use EUS to diagnose the cause of conditions such as abdominal pain or abnormal weight loss, rule out certain conditions or confirm diagnoses. EUS may also be used to evaluate and provide a detailed picture of growths or tumors. This picture can help your physician determine its size, whether it is close to major vessels, has spread to lymph glands or organs, and decide upon the best treatment. EUS and EUS-FNA can help with early detection of malignancies and provide patients with vital information that can help them make educated choices about treatment options.

<u><i>Timeline</i></u>	<u><i>Procedure Preparation</i></u>
14 DAYS BEFORE THE PROCEDURE	<ul style="list-style-type: none"> ➤ If you are taking a blood thinner (Coumadin, Plavix, Eliquis, etc.) other than aspirin, please contact your prescribing physician at least 2 weeks before your procedure to discuss how long to hold these medications. Your prescribing physician will tell you how many days prior to your procedure to stop/bridge your blood thinner. You may continue to take aspirin.
7 DAYS BEFORE THE PROCEDURE	<ul style="list-style-type: none"> ➤ If you are taking a blood thinner (Coumadin, Plavix, Eliquis, etc.) other than aspirin, please begin following <u>your prescribing physician's instructions</u> for discontinuing or bridging this medication prior to the procedure. You may continue to take aspirin. ➤ If you are taking diabetic medication, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar. ➤ If you require pre-procedure blood work (CBC, Chemistry panel), your nurse will discuss this with you at the time of scheduling.
3 DAYS BEFORE THE	<ul style="list-style-type: none"> ➤ Please contact your insurance company to verify coverage and if you will have any out of pocket costs, or precertification requirements. Please see the insurance/billing handout

<p>PROCEDURE</p>	<p>for more information on billing, coding, and potential out-of-pocket costs.</p> <ul style="list-style-type: none"> ➤ Make transportation arrangements utilizing the transportation and parking section of this document. ➤ You may complete pre-procedure forms ahead of time by visiting: https://www.nm.org/conditions-and-care-areas/digestive-health. <ul style="list-style-type: none"> ○ Scroll to the bottom of the page and locate Related Resources. Select GI Lab Patient Questionnaire and Medication List.
<p>THE DAY BEFORE THE PROCEDURE</p>	<p>➤ If you develop any moderate to severe cold symptoms (cough, sore throat, runny nose, etc.), a fever, new cut or wounds, or experience any other changes in your health before your procedure, please contact your physician's office.</p> <p><u>Diet Instructions:</u></p> <ul style="list-style-type: none"> ➤ Do not eat anything including gum, mints, tobacco, cough drops, or smoke any substance (i.e. tobacco, vape, marijuana) after midnight. ➤ After midnight, you may have plain water, black coffee/tea (no milk or creamer may be added, however, sugar and artificial sweeteners are permitted), apple juice, or Gatorade up to 2 hours prior to your scheduled arrival time. All other beverages/drinks are to be avoided after midnight. <p><u>Bowel Preparation Instructions:</u></p> <ul style="list-style-type: none"> ➤ Please follow these bowel preparation instructions carefully. The rectum and the lower portion of your colon must be completely emptied of stool so your physician can view the lining of the colon. You will need to purchase 4 Fleet Enemas (a liquid solution that washes out the intestine) which are available over the counter (no prescription is needed). <p>Note: if you have <u>chronic kidney disease/failure</u>, please discard the enema solution and fill bottles with warm tap water instead as this will be easier on your kidneys.</p> <p>Prior to the lower EUS (approximately 1 to 2 hours before your arrival time) begin your bowel preparation. Please complete this prior to arriving for the procedure. Follow the instructions on the enema box:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <ul style="list-style-type: none"> • Lie on your left side on a flat surface • Draw your knees up toward your stomach • Remove the top of the enema • Insert the enema tip fully into the rectum • Squeeze the enema contents into the rectum • Hold the enema liquid as long as possible - 3 to 5 minutes is typical • Wait for results or bowel movements between each enema • If your stool is clear, you do not have to take the 4th enema. • If you see any stool after the 3rd enema, use the 4th enema. </div>
<p>THE DAY OF YOUR</p>	<ul style="list-style-type: none"> ➤ You may take your morning medications up until 2 hours before your scheduled arrival time.

PROCEDURE

- On the day of your procedure, please be available by phone. Occasionally, procedure times are adjusted if the previous cases have run longer or are finished early.
- Call your surgery center if you cannot arrive at your scheduled time at 312.926.2425.
- Bring a photo ID and insurance card.
- If you have an implanted cardiac defibrillator or pacemaker, bring your device card with you.
- If you use any inhalers or a CPAP machine, please bring these items with you to the procedure as they may be needed for the procedure.
- Wear loose-fitting, comfortable clothes.
- Avoid wearing make-up, jewelry, or contact lenses.
- If you wear contacts, please bring your glasses as your contacts will need to be removed for the procedure.
- For your privacy and safety, only one guest is allowed in the pre-operative and postoperative holding areas.
- Your personal items will be placed and remain under your procedure cart during the entire visit. We recommend bringing only essential items to the hospital and leaving any valuables at home or give them to a trusted family member or friend. The hospital is not responsible for lost or damaged personal belongings.

ENDOSCOPIC ULTRASOUND PREPARATION GUIDELINES

GENERAL

- Please follow the dosage timing as provided within the prescribed bowel preparation instructions. This method gives the best bowel preparation/cleansing possible. An excellent bowel preparation is crucial for lesion and polyp detection.
- Be sure to finish the entire prep or else the rectum/sigmoid colon may not clean adequately.
- The bowel preparation may result in urgency so please plan appropriately.
- You may have plain water, black coffee/tea (no milk or creamer may be added, however, sugar and artificial sweeteners are permitted), apple juice, or Gatorade up to 2 hours prior to your scheduled arrival time – after this, nothing by mouth. This includes gum, mints, hard candy, cough drops, and cigarettes/tobacco/vape/marijuana.
 - For example, for a 7:30 AM arrival time, nothing by mouth after 5:30 AM.
- **During your lower EUS:**
 - Your physician will discuss possible complications including bleeding or a tear in the lining of the colon. Complications are rare, however; discuss any EUS concerns or questions with your physician. For a lower EUS, you will lie on your left side in a comfortable position.
 - Once sedated, the physician will insert the ultrasound endoscope into your rectum/colon and slowly advances until it is located at the area to be examined. If the physician sees abnormal tissue or a growth, a biopsy or Fine Needle Aspiration can be done.

• **After your lower EUS:**

- You will be monitored after the procedure in the recovery area for a minimum of 1 hour or possibly longer to ensure that the effects of the medications have worn off.
- Your physician may instruct you if Fine Needle Aspiration was preformed or biopsies were taken to continue not taking medications such as blood thinners or Non-steroidal Anti-inflammatory drugs for up to seven days.
- After a lower EUS, you may experience mild abdominal cramping and bloating. You will be informed of your EUS results on the day of the procedure unless biopsy samples were taken. Your biopsy results can take up to 7 days to return. Your doctor or his/her team will contact you with the results within 7 days via MyChart or phone. If you do not hear anything after 7 days, please contact the office via MyChart or phone (312-695-5620) to follow-up on test results.

MEDICATIONS

- If you are taking a **blood thinner (Coumadin, Plavix, Eliquis, etc.)** other than aspirin, please contact your prescribing physician at least 2 weeks before your procedure to discuss how long to hold these medications. You may continue to take aspirin.
 - Do NOT wait until the day before your procedure to have this discussion, as some blood thinners need to be held several days prior to the procedure.
 - Aspirin and fish oil are okay to continue taking.
 - Taking NSAIDs (ibuprofen, naproxen, etc.) may cause irritation in your stomach, which may be seen during your endoscopy. If you need to continue NSAIDs for pain, please make sure the endoscopy team is aware of what you are taking before your endoscopy. If you are able to stop NSAIDs before your endoscopy, please stop for 1 week prior to your procedure. Tylenol (acetaminophen) maybe used in place of NSAIDs. You never should stop aspirin.
 - Please stop taking your Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (1) day prior to procedure. NSAIDs may put you at risk for bleeding if a biopsy is taken. Since Acetaminophen (Tylenol) does not affect your blood clotting ability, it may be used for headache or pain.
- If you are taking **diabetic medication**, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar.
- You may take your other normal medications up until 2 hours prior to arrival time.

CONTACT INFORMATION

Please review this document and the FAQ section before calling our office with questions as your question may be answered from within this document.

Clinic	312.695.5620
Procedure Scheduling	312.926.0628
Pre-Certification	312.926.4645
Billing	844.669.2455
Financial counseling/price estimates	312.926.6906
Hospital	312.926.9000
Medical Records	312.926.3376
Digestive Health Fax	312.695.7095
dhc.nm.org	

FREQUENTLY ASKED QUESTIONS

Will the procedure be performed under anesthesia?

- Your procedure may be performed without sedation or under monitored anesthesia care, where anesthesia staff will give you pain and sedative medication through an IV (into a vein) to keep you comfortable and may cause temporary memory loss. It would not be unusual if you did not remember all or part of the procedure. This is why you need to have a capable adult accompany you home if you receive sedation.

What if I have removable dental work?

- Please remove any loose dental work prior to the procedure if you are receiving sedation.

Will I have discomfort after the procedure?

- Typically, no, however, some people can have some mild abdominal cramping and/or bloating after the procedure, but this should be tolerable and should resolve within 24 hours. For any severe or intolerable symptoms, please contact our office or go the emergency room.

What if I have a cold?

- If you have a mild cold with no fever, it is okay to take Tylenol and other over the counter cold medications and proceed with the preparation and the procedure. However, if you have a fever or more severe symptoms, it may be safer to call and reschedule the procedure. Please call the office to further discuss.

Will having my period interfere with the lower EUS?

- Not at all. It is absolutely fine to use a tampon and/or pad.

Which medications should I take on the day of the procedure?

- See Medication section in the beginning of this document for information regarding diabetic and blood thinner medications. All other medications can be taken up until 2 hours prior to your arrival time, or after the procedure.

Pregnant or breast feeding

- Please let us know if you are or could be pregnant because, except in very rare cases, an endoscopy should not be performed.
- If you are breastfeeding, you may resume breastfeeding once you are awake, stable, and alert after your procedure unless otherwise instructed by your physician.

Pre-procedural Antibiotics

- Antibiotics are sometimes needed prior to a procedure, if your physician thinks you are at risk for an infection. If you are a patient with kidney failure who receives peritoneal dialysis, please notify us ahead of time by calling our office at least 3 days prior to your procedure. IV antibiotics will be given prior to the procedure. If any of your other doctors feels it is necessary for you to receive antibiotics for another reason, he/she can give you a prescription for them.

What can I expect in terms of recovery?

- You may experience some mild abdominal cramping and/or bloating. If you receive sedation, the medication used during your procedure will help you feel relaxed and calm. There is a possibility you may remember parts of your procedure, but many do not. After your procedure, you may feel weak, tired, or unsteady on your feet. You may also have trouble concentrating or short-term memory loss, but these symptoms should go away in 12-24 hours. For these reasons, do not drive, make important decisions, drink alcohol, operate machinery, or return to work for the rest of the day. We strongly recommend that you go home and rest. You may return to normal activity the following day unless instructed otherwise by your physician.