



York Teaching Hospital
NHS Foundation Trust

EBUS (Endobronchial Ultrasound)

Information for patients, relatives and carers

① For more information, please contact:

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Caring with pride

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This leaflet contains information about having an endobronchial ultrasound. It explains what will happen before, during and after the procedure. It also tries to answer some of the questions you may have.

If you do not fully understand anything about the test, please ask. We are here to help you and will always make time to listen to you and answer your questions.

This test is usually performed in the endoscopy unit at York Hospital, though you may need to go to either Leeds or Hull for this test.

What is an Endobronchial Ultrasound (EBUS) Scan?

We use a thin tube called a bronchoscope to do three things:

- 1 – Look at the larger tubes (bronchi) in your lungs
- 2 – Find lymph nodes using ultrasound
- 3 – Take biopsies (small samples) of these lymph nodes.

Why do I need an EBUS?

This procedure is used to obtain a sample of tissue from lymph nodes in the centre of the chest. These lymph nodes cannot be seen using a normal bronchoscope. Your doctors will explain the reasons for arranging the test in detail, as well as any alternatives.

What should I do before coming into hospital?

We will give you medicines to make you drowsy during the test and the drowsiness will last for some time after the test. It is therefore important that you arrange for someone to take you home from the hospital. You will not be able to use public transport.

You must not eat or drink for six hours prior to the test. Take your usual medication on the day of the test with a small sip of water unless the medical team tell you otherwise.

If you are taking any blood-thinning medicines (aspirin, clopidogrel, warfarin, rivaroxaban and apixaban are examples) you may need to stop these for a few days before the procedure – your doctor will advise you about this.

What happens when I arrive at the hospital?

You will be seen by a member of the team who will explain what will happen and ask you some questions. It is important that you tell the doctor if:

- You are taking medication that 'thins the blood' (such as aspirin, warfarin or clopidogrel)
- You have had a heart valve replaced
- You have allergies
- You've had a heart attack in the last six weeks (the test may need to be done at a later date)
- You suffer from asthma or chronic obstructive pulmonary disease (COPD).

The doctor will ask you to sign a consent form (reference FYCON153-1 Endobronchial ultrasound and transbronchial needle aspirate). If you have any questions please ask before signing the form.

What happens during the test?

Once you are lying on the couch, you will be asked to remove any false teeth and your glasses.

A small plastic needle will be inserted into your arm and you will be given a sedative through this to relax you and reduce coughing. More sedation may be given if needed. Many patients do not remember anything about the test. Your heart and oxygen levels are monitored throughout the test and you may be given oxygen through a small tube placed just inside your nostrils.

While you are sedated (drowsy), the doctor will spray a local anaesthetic to the back of your throat and insert a plastic mouth guard between your teeth. One end of the bronchoscope is passed into your mouth and down your windpipe. As the tube is passed into your windpipe (you may feel slight discomfort here), we will give you more local anaesthetic to numb the voice box. This can make you cough but as the anaesthetic starts to take effect the coughing settles down.

The procedure can be uncomfortable but shouldn't be painful. Internal photographs for your clinical records may be taken during the procedure. Using an ultrasound probe at the end of the bronchoscope, we can see lymph nodes (glands) in the middle of your chest. We can then pass a needle along the bronchoscope and take small samples from the enlarged lymph nodes.

If you have pain during or after the procedure you will be able to let the doctor or nurse know using noises or hand signals, and we will be monitoring you closely for any problems.

What happens after the test?

The test can take up to an hour depending how many samples need to be taken, but it may be shorter than this. Afterwards you will be taken to rest in the recovery area until the sedative has worn off.

You will not be able to eat or drink anything until the local anaesthetic has worn off because your throat will be too numb to swallow safely. The numbness usually passes after about an hour. Once the nurses are happy that the sedative has worn off, you will be allowed to go home. Make sure you take it easy for the rest of the day and have someone to stay with you overnight.

You must not drive, operate machinery or sign legally binding documents for 24 hours after the sedation. We advise you not to go to work the following day.

What are the benefits of the test?

This test is to find the cause of your symptoms and/or changes on your CT scan.

What are the side-effects?

You may have a mild sore throat or hoarse voice for a couple of days afterwards. It is quite normal to cough up a small amount of blood, have minor nosebleeds or a mild fever for a day or two after the test. If you feel very unwell or cough up a lot of blood, you should contact the Endoscopy Unit in office hours, or see a GP out-of-hours service or the Emergency Department outside office hours.

As with any medical procedure, there is a small risk of more serious but rare complications. These may include bleeding, chest pain/palpitations (racing heart), difficulty breathing, reaction to anaesthetic/sedative drugs, or a collapsed lung (sometimes needing a chest drain). In very rare cases (quoted as approximately 1 in 5000) these complications can result in death. All these risks are very rare, but if you experience sudden chest pain or shortness of breath after the test, you should call 999 for an ambulance to take you to hospital or go to A&E. If you are unsure as to what medical advice to seek, you can also phone 111.

Are there any alternatives?

The only alternative to this test is a surgical procedure which involves a general anaesthetic and a camera being inserted through your neck into the middle of your chest. This is called a “mediastinoscopy”. This is much more invasive and carries significantly higher risk than EBUS, and is therefore not routinely offered.

When will I get my results?

The results of the biopsies should be available within one to two weeks. These will be sent to the hospital doctor who referred you for the EBUS. You will receive an appointment to see your doctor to discuss the results.

Who do I call if I have questions?

Please contact your consultant via their secretary (phone numbers on front of booklet) or call the endoscopy department on 01904 725979.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact Dr Gill's secretary on 01904 726956, The York Hospital, Wigginton Road, York, YO31 8HE.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Providing care together in York, Scarborough, Bridlington,
Malton, Selby and Easingwold communities

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Electronic

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