

ENDOSCOPIC ULTRASOUND

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PROCEDURE DATE:

ARRIVAL TIME:

HOSPITAL: St Vincent's Northside, 627 Rode Rd, Chermside
(formerly Holy Spirit Northside)

How are you to prepare?

You are to consume **NO FOOD** from midnight the day of your procedure. If your appointment is later in the day you may have **CLEAR FLUIDS ONLY** (eg. Water, lemonade, apple juice, black tea and coffee, etc.) until **four hours** prior to your procedure. You should therefore be **nil by mouth from** (i.e. no food, fluids, water, smoking until after your procedure).

If you have had any recent radiology scans, please bring the films with you to your procedure.

As a duty of care to our patients and to meet Medicare requirements we must have a current referral from your referring GP or specialist on file prior to your procedure. This can be faxed or emailed to us at reception3@ddq.net.au
(Reminder: GP referrals only stay current for 12 months from their first use and specialist referrals are only current for 3 months from their first use. Medicare requires that you have a current referral on file for each appointment.)

Medications

Continue taking all medications as usual unless otherwise instructed. If your procedure is early in the morning you can:

- Take medications as usual prior to your nil by mouth time
- After your nil by mouth time take medications with a small sip of water (i.e. approx. 20ml)
- Bring the medication with you to hospital to have after your procedure (unless you take heart or blood pressure medication, in which case you should take this as normal with a small sip of water)

Please inform our rooms if you take:

- **Blood thinning medications** (eg. Warfarin, Xarelto, Plavix, etc.)
- **Any diabetic medications** – particularly Insulin, Forxiga, Xigduo, Qtern, Jardiance, Jardiamet & Glyxambi

After your procedure – Important post-procedure care instructions

You will remain in the endoscopy unit until the main effects of the sedation wear off and you have had something to eat/drink. You may feel slightly bloated due to the air that has been introduced through the endoscope. This will quickly pass. You should avoid alcohol for at least 12 hours after your procedure.

The doctor will talk to you after your procedure to let you know of the results. You will also receive a copy of the typed report as you may still be drowsy at the time the doctor talks to you. The whole process generally takes approximately 4 hours from the time you arrive to discharge time.

For legal reasons you MUST NOT drive a vehicle or operate machinery for the remainder of the day following intravenous sedation. Failure to do so carries the same implications as drink driving.

You MUST have a responsible adult escort you home and stay with you for overnight after the procedure. (i.e. You should not go to work).

You should not care for dependent persons without responsible help for at least 12 hours after your procedure.

IF THESE REQUIREMENTS ARE NOT MET YOUR PROCEDURE MAY BE CANCELLED.
These are compulsory requirements for all hospitals and anaesthetists.

You are also advised to be very careful in simple household tasks in the 12 hours after receiving sedation. Your coordination may be impaired for some time and it is important, therefore, not to use sharp knives, risk kitchen burns etc.

-Air Travel - If you intend to travel within 24 hours of your procedure please contact us to discuss.

If you develop any pain, fever, vomiting or blood loss after the procedure, you should contact your doctor immediately or the hospital where your procedure took place. Alternately, after hours, you can contact our after hours service on 3261 9570.

Common Reasons to require an EUS

Assessment of:

- Pancreatitis
- Gall bladder and bile duct abnormalities, including gall stones.
- Abnormalities of the wall of the upper gastrointestinal tract
- Tumours of the oesophagus, stomach, duodenum, pancreas, bile ducts.
- Some tumours of the lung

What is an endoscopic ultrasound?

Endoscopic ultrasound involves the use of a flexible video instrument (endoscope), which has an ultrasound probe at its tip. This procedure is a highly specialized endoscopic procedure and only became available in Queensland in 2002. It is used to examine the wall layers of the gastrointestinal tract and therefore normal or abnormal structures that arise from it. In addition, it provides excellent images of the structures outside the gut wall like the pancreas, bile ducts and structures in the chest (mediastinum). EUS provides detailed assessment of tumours involving these structures and can help you and your doctors determine the most appropriate treatment. The instrument is passed over the back of your tongue into the upper gastrointestinal tract in the same way a regular endoscopy is performed.

What will happen?

The doctor and/or nurse will explain the procedure and answer any questions you have. Please inform us if you have had any previous endoscopic examination or any bad reactions to sedatives or other medications. You will need to remove your dentures. Please inform the staff if you have any loose teeth or crowns. Also notify the staff if you are known to have a heart murmur as you may require antibiotics before the procedure.

At the beginning of the procedure you will be given a sedative by injection in a vein to make you more comfortable. You will be asked to lie on your left side and a guard will be placed in your mouth to protect your teeth. You will be sleepy for about half an hour afterwards.

Special Considerations

If you have serious heart or chest problems, special precautions need to be taken to reduce any possible risk. You should therefore inform your doctor of any serious illness of this nature. The precautions taken will usually include providing oxygen during the procedure and/or monitoring the heart and oxygen levels during the procedure. You may require antibiotics before or during the procedure.

Alternative Investigations

The most commonly used imaging tests that may offer similar information to EUS are computed tomography scans (CT) and magnetic resonance imaging (MRI). You may already have had these tests performed or they may be required in the future depending on the results of the EUS and the recommendations of Dr Devereaux/Dr Walsh or one of your other treating doctors. EUS may be the best test in your situation or may offer additional or complimentary information to these other tests.

Safety and risks

Endoscopic ultrasound is usually a safe procedure. The risks associated with EUS are the same as for regular upper gastrointestinal endoscopy. It is unlikely to cause problems for patients unless they have serious heart or chest problems.

Rarely patients may have a reaction to the sedation. Damage to the oesophagus at the time of examination is extremely rare unless there is pre-existing oesophageal disease. Such complications are extremely rare. Other potential complications include bleeding, infection and perforation (hole/tear) in the wall of the upper gut. If you wish to have full details of all possible rare complications discussed before the procedure, you should inform your doctor. The overall complication rate is less than 1 in 1000 procedures.

Results

A copy of the results will be sent to your referring doctor and be provided to you on the day of the procedure or within 3 working days. A full report and assessment will be sent to your referring doctor within approximately 3 days. Your treating specialist will contact you if he has any serious concerns or if you require a further appointment with him. Should you have any questions or concerns contact our practice nurse at Digestive Diseases Queensland.

EXPLANATION OF FEES

As a service to our patients, we provide the following estimate of the likely medical costs you will be required to pay for your procedure. Please note that this is an estimate only of the fees charged. You will be liable for any costs not covered by Medicare or your health fund.

As with any medical procedure, if unforeseen circumstances should arise during the procedure it may be necessary to arrange additional medical services, entailing further cost to you, not covered by this estimate.

THERE ARE SEVERAL SEPERATE ACCOUNTS INVOLVED WHEN HAVING YOUR PROCEDURE:

DIGESTIVE DISEASES QLD ACCOUNT (DDQ)

DDQ has an agreement with participating health funds in the ‘no gap’ cover scheme. If you have private health insurance, please contact your health fund to check you have the adequate level of cover for your upcoming procedure.

Provided we have a **current referral** on file, we will submit the account directly to your health fund and Medicare (i.e. you will not receive an account).

If you do not have private health insurance you will receive the account in the mail **AFTER** your procedure. DDQ’s account for the procedure is separate to the hospital charge. Payment can be made by cash, cheque, Eftpos or credit card (Credit card payment accepted via telephone). Prompt payment is appreciated and your Medicare claim will be processed at the time of payment.

HOSPITAL ACCOUNT

Prior to your procedure it is necessary for you to register your admission with the hospital. The hospital will inform you of any payment required on the day of your procedure.

- If you have private health insurance you can ring your fund to check your hospital excess.
- If you do not have private health insurance, your hospital account is an out of pocket cost not covered by Medicare. You will need to contact the hospital you are attending for information on the fee.

ANAESTHETIST ACCOUNT

An anaesthetist will be present during your procedure and will provide the necessary sedation. At DDQ we use a number of different anaesthetists, dependant on the list.

- If you are covered with a private health fund, DDQ’s agreement with our regular anaesthetists ensures this fee is also ‘no gapped’ and you will not receive any out of pocket fee.
- If you do not have private health insurance, the fees and payment policy will depend on the anaesthetist. DDQ can give you the contact details of your anaesthetist to obtain further information from their staff.

PATHOLOGY ACCOUNT

During the procedure, the doctor may take a biopsy or remove polyps which will be sent to the pathology laboratory. If you do not have private insurance you *may* receive an account for this service. Medicare will reimburse a substantial part of this fee.

If you have any further enquiries regarding the payment of your account, the item number/s or the fees involved, please do not hesitate to telephone the office on (07) 3861 4866.

Only 1 of these items numbers will be used for this procedure.

Item	Item Number	DDQ Fee	Medicare Pays	Health Fund Pays
Endoscopic Ultrasound	30688	\$721.10	\$304.40	DDQ participates in the no gap cover scheme – see above
Endoscopic Ultrasound with Fine Needle Aspiration	30690	\$911.95	\$479.10	

****Please be aware you may also be charged an initial consultation fee of up to \$275. This is likely to be billed directly to your private health fund.***