



Endoscopic ultrasound (EUS)

What you need to know before and after the test

PE-PROC-08

Version 1.0 · Last reviewed October 2026 · Next review October 2028

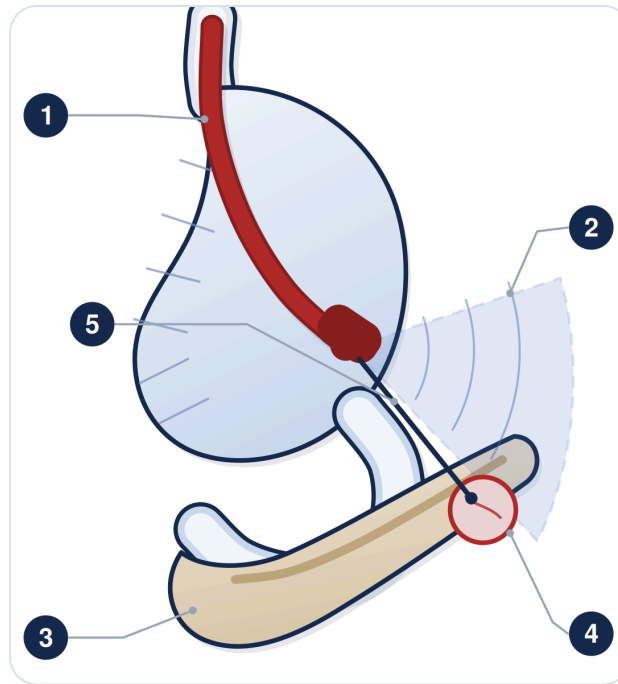
An endoscopic ultrasound is a camera test with an ultrasound probe built into its tip. Because the probe sits inside the gut, right next to the organ being examined, it gives a far more detailed picture than a scan taken from outside the body.

What it is, and why you are having it

A thin flexible tube is passed through the mouth, as in a normal gastroscopy, but this one carries a small ultrasound probe at its end. From inside the stomach and the first part of the small bowel, the probe can see the pancreas, the bile duct, the wall of the gullet and stomach, and the glands and structures immediately around them.

It is used to look at a lump or cyst in the pancreas, to work out how far a cancer has spread before treatment is planned, to look for small stones in the bile duct that a scan may have missed, and to examine a lump growing in the wall of the gullet or stomach.

A fine needle can be passed down the endoscope and through the gut wall to take samples from a lump or gland, or to drain fluid from a cyst. This is called fine needle aspiration or biopsy. It is done under ultrasound guidance so the needle is watched all the way. If fluid is drawn from a cyst, an antibiotic is usually given as well. Not every EUS involves a needle; you will be told beforehand whether one is planned.



1 the camera passed down into the stomach · 2 the ultrasound beam passing through the stomach wall · 3 pancreas · 4 the area being examined · 5 the needle taking a sample

Getting ready

- Have nothing to eat for six hours before, and clear fluids only up to two hours before.
- Take your usual medicines with a sip of water unless told otherwise.
- Blood thinners: EUS on its own is a low-risk procedure, but EUS with a needle is a higher-risk one, so contact the unit at least seven days before your appointment. See sheet [PE-PROC-16](#).
- Tell the endoscopy unit about diabetes, heart or lung disease, sleep apnoea, any allergy to antibiotics, and any previous problem with sedation. If you take insulin or tablets for diabetes, telephone the endoscopy unit first so the dose can be adjusted around the fast.

On the day

EUS is done with throat spray and sedation through a drip, and occasionally under a general anaesthetic. It takes longer than a normal gastroscopy – usually somewhere between 30 and 90 minutes – because the probe has to be worked slowly across the area of interest. You will lie on your left side and be monitored throughout. If you have sedation you will need a responsible adult to take you home; see sheet [PE-PROC-17](#).

What are the risks?

EUS without a needle is one of the safest endoscopic procedures. Adding a needle adds a small amount of risk.

Complication	How often it happens
Sore throat and bloating	Common, and expected rather than a complication. Settles within a day.
Bleeding after a needle sample	Uncommon – fewer than 1 in 100, and rarely significant.
Pancreatitis after a needle sample	Around 1 in 200 to 1 in 100 when the pancreas is sampled.
Infection after draining a cyst	Around 1 in 100 or fewer.
Perforation – a tear in the gut wall	Very rare, in the region of 1 in 2,000 or fewer for a diagnostic examination.
Cancer cells spreading along the needle track	Rare – about 3 in every 1,000 where the pancreas is sampled, and too rare elsewhere to put a number to. It depends on the route the needle takes: it has been reported after sampling through the stomach wall and not after sampling through the small bowel. Where a lesion can be reached either way, we take the safer route.

Afterwards

You will recover in the department for one to two hours if you had sedation. If you had throat spray, wait an hour before eating or drinking, then test your swallow with a few sips of cold water first.

The endoscopist will tell you what was seen before you leave. If a sample was taken, the result comes from the laboratory and is discussed at your next clinic appointment – we will tell you the date before you go home. A needle sample sometimes does not contain enough material to give an answer, and has to be repeated; this is not unusual and does not mean anything has gone wrong.

Get urgent help if

- You have severe or worsening abdominal or back pain – this may be pancreatitis.
- You have a fever or shivering.
- You vomit blood, or pass black tarry stools.
- You have severe chest pain, swelling in the neck, or difficulty breathing or swallowing.

Go to the Emergency Department, take this sheet with you, and tell the staff you have had an endoscopic ultrasound and whether a needle sample was taken.

PE-PROC-08 · For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. This sheet supports the discussion with your doctor and the consent process; it does not replace them. Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

ZAD Health, PE-PROC-08