

Have you ever been told that you are at risk of CJD or vCJD for public health purposes? NO..... YES.....

If 'yes' please call 01225 821425 or 01225 821788 and talk to our nursing staff.

Are you taking any regular medication? NO.....YES.....

If yes, please provide details \_\_\_\_\_

Who is collecting you? \_\_\_\_\_

Please give a contact telephone number: \_\_\_\_\_

Who is at home with you for 24 hours after the test? \_\_\_\_\_

# Having an EBUS-TBNA

## Information for Patients

Patient Name	
Place	Department B57, Zone B
Appointment date	
Arrival time	

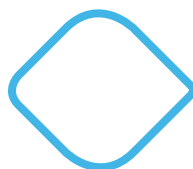
Royal United Hospitals Bath NHS Foundation Trust  
Combe Park, Bath, BA1 3NG

01225 428331 | [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

**Every effort will be made to see you punctually, but for a number of reasons it may not be possible for you to be seen at precisely the time stated.**

Date of publication: October 2024 | Ref: RUH RES/036  
© Royal United Hospitals Bath NHS Foundation Trust



## In this leaflet

Information for Patients	1
Introduction	3
What is an EBUS-TBNA?	4
Why has my doctor recommended an EBUS TBNA?	4
Are there any risks to the test?	5
Prior to admission	6
What should I do before the test?	6
Are you diabetic? Are you taking anticoagulant (blood thinning) medication?	7
Where are we?	7
Parking	8
Should I take my medicines as normal?	8
What should I expect?	8
Is the procedure painful?	9
Sedation (relaxing injection)	9
During the test	10
When can I go home?	11
How will I feel after the test?	11
What should I do when I get home?	12
When will I know the results?	12
The consent form	13
Doctors training in EBUS-TBNA	13
What if I change my mind?	14
Your feedback is encouraged	14
<b>Please complete the following health questionnaire</b>	<b>15</b>

## Please complete the following health questionnaire

Do you consider yourself fit and well? Has there been any recent change in your health since your last out-patient appointment?

Do you have or have you ever had any of the following problems. Please give details.

Heart problems: NO..... YES.....

If yes, please provide details

Breathing Problems: NO..... YES.....

If yes, please provide details

Diabetes: NO..... YES.....

If yes, please provide details

Seizures: NO..... YES.....

If yes, please provide details

High Blood Pressures: NO..... YES.....

If yes, please provide details

Stroke: NO..... YES.....

If yes, please provide details

Glaucoma: NO..... YES.....

If yes, please provide details

Arthritis: NO..... YES.....

If yes, please provide details

Are you allergic to anything? NO..... YES.....

If yes, please provide details

A blue graphic consisting of several overlapping diamond shapes, with the word 'Introduction' written in blue text across the center.

## Introduction

### What if I change my mind?

**You are quite within your rights to change your mind. If having read this leaflet you have decided not to go ahead with the test, please telephone the Respiratory Department on 01225 8225408 between Monday and Friday 08.00-16.00, and discuss your decision with your GP.**

### Your Feedback is encouraged

We are keen to make EBUS-TBNA as straightforward and comfortable as we can. Please feel free to make any suggestions for improvements to your doctors or nurses. If on your return home, questions arise regarding the EBUS procedure, you can also ring the Lung Nurse Specialists on 01225 821847. We also may provide you with a short patient survey after the procedure which we would be grateful if you could complete and return back to your nurse with any suggestions.

### References

British Thoracic Society Advanced Bronchoscopy Guidelines

<https://www.brit-thoracic.org.uk/document-library/clinical-information/bronchoscopy/advanced-diagnostic-and-therapeutic-bronchoscopy/bts-advanced-bronchoscopy-guideline/November2011.pdf>

Medford AR et al. Endobronchial ultrasound guided transbronchial needle aspiration. Postgraduate Medical Journal 2010;86(1012):106-15.

Patient UK information leaflets on EBUS available at <http://www.patient.co.uk/health/Endobronchial-Ultrasound-guided-Transbronchial-Needle-Aspiration.htm>

NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)

This booklet is designed to be practical and informative. Please read **all** of the information contained within it. Not doing so may mean that you miss important instructions and that will put you at risk. Therefore the doctor may decide to defer your investigation.

If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the endoscopy department and a member of the nursing staff will be happy to help you.

The number to call regarding **information for the procedure** is:

**01225 824070**

**Or**

**01225 824069**

**Or**

**Contact the Lung Nurse Specialists on**

**01225 821847**

If you cannot accept your appointment date it is important that you telephone the respiratory department as soon as possible so that your date may be offered to another patient.

The number to call to contact the **Respiratory Department** if you wish to **re-arrange your appointment** is:

**01225 825408**

---

## What is an EBUS-TBNA?

EBUS-TBNA stands for Endobronchial ultrasound-guided transbronchial needle aspiration and is a procedure that allows the doctor to look into your lungs and take samples of the glands in the centre of your chest (mediastinum) using the aid of an ultrasound probe. These glands lie outside the normal breathing tubes (bronchi).

A flexible tube (bronchoscope), which is about the width of a pencil with a bright light on the end is passed into your lungs via your mouth (you will have a mouth guard) with you lying as flat as possible. A small camera at the end of the bronchoscope enables the doctor to look directly into your windpipe (trachea) and breathing tubes (bronchi). A small ultrasound probe on the end of the camera allows the doctor to see the glands in the centre of the chest (mediastinum) and take samples under direct vision. The tissue is removed painlessly through the bronchoscope using a tiny needle. These will be sent for analysis.

## Why has my doctor recommended an EBUS-TBNA?

Most commonly, it is done to take samples from the lymph glands in the centre of the chest (mediastinum) which may be enlarged for a variety of reasons. In 9 out of 10 cases, we would expect this test to give a helpful answer to the problem. Very occasionally, another test may be needed.

A report will be sent to your GP. Further details of the test, the results of any biopsies and any necessary investigations or treatments will be discussed with you at your next outpatient appointment.

## The consent form

The consent form gives the doctor and the hospital a formal indication that you are agreeing to undergo the treatment being offered as stated in the form. It is valuable to you as it offers a written check on what you are agreeing to by signing.

If you are unclear and have any questions, then do not sign the form until they have been answered. The endoscopy staff will be happy to answer any questions you might have. Alternatively you can speak to the doctor performing the test.

## Doctors training in EBUS-TBNA

Training doctors is essential to improving the quality of care. All our trainees are in a structured training programme, and are all experienced doctors. Your treatment may provide an opportunity for such training under the supervision of a senior doctor. You may decline to be involved in this training without adversely affecting your care and treatment. If you wish to let us know you are not happy to have a supervised trainee perform your procedure please inform your nurse during the consenting process.

- The effects of the sedation will wear off over 24 hours. You will then be able to resume normal activities.
- Your throat may feel a bit sore for the rest of the day, it will settle without treatment.
- You may cough a small amount of blood as the lining of the lung is very sensitive. It will soon settle and does not require any treatment or medication.

When you get home it is important to rest quietly for the remainder for the day, with someone to look after you for 24 hours.

## What should I do when I get home?

Because of sedation, for the next **24 hours** you **must not**:

- Drive any motor vehicle. This is a legal requirement not advice. Our advice is that you should not actually drive for 48 hours.
- Operate machinery
- Drink any alcohol
- Sign legally binding agreements
- Care for children or relatives.

## When will I know the results?

After the procedure the doctor will explain how the procedure went and if they were able to take any biopsies.

## Are there any risks to the test?

This is generally a very safe and well tolerated procedure. However, there are some risks associated with an EBUS-TBNA. These include:

- Sore throat and/or hoarse voice
- Bleeding is quite common and usually settles within 48 hours. If it continues or increases, please contact your GP or the Emergency Department.
- Low grade temperature can occur and generally only lasts 2-3 hours. If it persists for more than 48 hours please contact your GP as this may indicate an infection that requires antibiotics. Taking Paracetamol will also help this to settle.
- As the EBUS scope is passed through the mouth, there is a slight risk of damage to crowned teeth or dental bridgework.
- Vocal cord damage can rarely occur.
- Rarely air can leak into the space surrounding your lung (pneumothorax) but this is not usually a problem and the air can be taken out with a needle and syringe or in some instances a drain (little plastic tube) needs to be inserted.
- There is a very small risk of air or blood leaking into the centre of the chest (mediastinitis). This is characterized by chest pain and shortness of breath. In this instance you should report to A+E.

Other complications may be as a result of the sedative drugs used.

## Prior to admission

If you are suffering from a cold, sore throat or chest infection, you should contact your GP or the Respiratory Department because it may be necessary to postpone your test.

## What should I do before the test?

It is important that you do not have **anything** to eat for **4 hours** before your appointment, but **clear fluids** can be taken up to **2 hours** before the procedure. Take your usual medication(s) with a small sip of water.

- **Do not drive yourself** Please arrange to be accompanied by family or friends when you come, then they will know where to collect you when it is time to leave.
- **You must** have a responsible adult to accompany you home from the department and to **stay with you for 24 hours**. If this is not possible please contact the respiratory department as you may need to be admitted to hospital to stay overnight after your procedure.
- **Do not** attempt to drive; operate dangerous machinery or drink alcohol for 24 hours after the procedure.
- **Do not** attempt to sign important or legally-binding documents during the 24 hours after the procedure.
- **Do not** bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them. You do not need to bring pyjamas or nightwear.

- but will then quickly settle down. The doctor and nursing team will support and reassure you throughout.
- If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.
- The whole procedure takes about 45 minutes to perform.
- When the examination is finished the tube is removed quickly and easily. You will be taken back to the ward on the trolley to recover where a nurse is always present.

## When can I go home?

You will stay in the endoscopy department for approximately 1 hour following the procedure. We prefer that you remain with us until you are fully alert to ensure that the effects of the sedation have worn off.

Rarely patients take a longer time to recover after the procedure and may need to be admitted to hospital for observation.

As your throat has been sprayed with local anaesthetic, you will have to wait until the effects of the spray have worn off before you have anything to eat or drink, approximately 2 hours.

The results will not be available on the day of the procedure as samples sent to the laboratory need to be analysed.

## How will I feel after the test?

We advise that you do not go to work on the day of the test.

Sedation may make you drowsy and you may not remember the procedure. However sedation is not a general anaesthetic, you may be aware of what is going on during the procedure and verbal contact is maintained i.e. you are awake.

Your thinking processes and movements will temporarily be slower than usual; how rapidly this returns to normal varies from person to person.

## During the test

- A nurse will escort you to the examination room. Here you will meet the doctor(s) and 2 nurses who will remain with you throughout the test.
- It is necessary to sit upright initially. When you are comfortable, local anaesthetic will be sprayed onto your throat and a sedative injection is given. You are then laid down flat on your back, and the doctor(s) come and stand behind you.
- As the EBUS scope is passed through your mouth a plastic mouthpiece will be placed gently between your teeth to keep your mouth slightly open.
- You will be given oxygen via a small foam padded tube placed just inside your nostril during, and for a short time after, the procedure. Your oxygen levels and pulse will be monitored continuously by a probe attached to your finger.

When the doctor passes the EBUS scope, it is important to remain calm. It should not cause you pain, nor will it interfere with your breathing. Further anaesthetic is put down at the level of the voice box which may make you cough to start with

## Are you diabetic? Are you taking anticoagulant (blood thinning) medication?

**Please contact the respiratory department as soon as possible if this has not already been discussed with you;** blood thinning drugs may need to be stopped prior to the procedure.

We need to know if you take any of the following medications:

- Warfarin
- Phenindione
- Clopidogrel (Plavix)
- Prasugrel
- Ticagrelor
- Rivaroxaban
- Apixaban
- Edoxaban
- Dabigatran
- Dalteparin
- Aspirin

Please phone 01225 825408 if you are a diabetic or take any of the tablets listed between Monday and Friday 08.00-16.00.

## Where are we?

The endoscopy unit is situated in Zone B, department B57, on the 2nd Floor of the Royal United Hospital.

---

## Parking

If you intend to be driven to the hospital, parking may be quite difficult when you arrive. Please be prepared to wait at least half an hour for a space and allow for this when setting out for your appointment. If you are short of breath and unable to walk long distances, please use the drop off zone at the main entrance. You can wait inside for your driver to rejoin you after they have parked.

## Should I take my medicines as normal?

If you take essential prescribed medication, for example, for epilepsy or a heart condition, you may take these with a **little** water. If you are a diabetic, we advise that you telephone the department and inform them of what medicine you take and we shall be able to advise you on how best to take your medication.

## What should I expect?

- On arrival at the unit, report to the reception desk. One of the reception staff will check your details and ask you to take a seat in the waiting room.
- A nurse will collect you from the waiting room and take you to the ward area. Here he/she will check your details and discharge arrangements.
- It is department policy that your family or friends do not accompany you to the ward area as it is a theatre environment. They will be called to the area when you are ready to leave.

- A nurse will discuss the procedure with you. If you have any questions, please ask, we want you to be as relaxed as possible.
- It is necessary to remove any false teeth. This can be done in the examination room, immediately before the procedure. They will be kept safe until you are fully alert. The nurse should be informed of any loose teeth, caps or crowns.
- The ward is a mixed sex area; however, the staff are committed to ensuring your privacy at all times.

## Is the procedure painful?

The procedure should not be painful. However, you may experience discomfort as the tube touches the back of your throat. You may cough at times during the examination but you should not feel unduly uncomfortable.

There are 3 ways that the test can be made as comfortable as possible for you:

- Local anaesthetic spray to the back of the throat numbs the area and makes it easier to pass the tube
- A mild sedative injection into a vein makes you feel relaxed, and you may feel sleepy.
- An injection into the vein to reduce your coughing is also used.

## Sedation (relaxing injection)

A small needle will be placed in the back of your hand and the sedation will be injected through it.