

## ENDOSCOPIC ULTRASOUND (EUS) PREP

**Important, please review this section if you take a medication called a GLP-1 agonist** (such as Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others) or an SGLT-2 Inhibitor (Invokana, Farxiga, Jardiance, Steglatro) for weight loss or diabetes.

If you take these medications, then you should hold your medication according to the following guidelines:

GLP-1 Agonists (Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others):

- For once or twice daily injectables (example Byetta, Victoza, Saxenda), hold the day before and day of the procedure.
- For once weekly injectables (example: Trulicity, Ozempic, Weygovy, Bydureon, Mounjaro), hold for 7 days before the procedure.
- For oral, daily dosing (example: Rybelsus), hold for 7 days before the procedure.

SGLT-2 Inhibitors (Invokana, Farxiga, Jardiance, Steglatro): Hold for 4 days before the procedure

**If you take these medications for diabetes, then you need to contact your primary care team or endocrinologist for glucose management instructions.**

**If you are having an EGD (upper endoscopy) and take these medications**, then you should start a clear liquid diet **24 hours** before your procedure. This will be different from your instructions that say to start a clear liquid diet at 11:45 PM the night before. For example, if your procedure is at 8:00 AM, then you should start a clear liquid diet at 8:00 AM the day before. Make sure to follow the NPO instructions (nothing by mouth 3 hours before your procedure). Holding these medications and staying on the clear liquid is important for us to safely complete your procedure.

### **Cancel or Reschedule Your Appointment:**

If you are having flu-like symptoms (such as fever, cough, shortness of breath) within 14 days of your appointment please call to reschedule. If you have any newly diagnosed medical condition (like diverticulitis, heart problems, breathing problems), please call our office. If you need to cancel or reschedule for any other reason, call 612-871-1145 at least 72 hours prior to your appointment.

### **Responsible Person:**

Please remember a responsible person needs to check in with you on your procedure day, go with you after discharge, drive you home after your procedure and assist you with follow up care. This takes approximately 2 hours from check-in to discharge. You will not be able to drive a car, operate machinery, or go to work until the following day. Failure to bring a responsible person may result in your appointment being rescheduled.

Some patients may experience temporary memory loss after the procedure due to use of monitored anesthesia care. You may wish to have a responsible person present during your discharge to take notes on your behalf and ask questions related to your follow up care.

If the patient is a minor or requires a legal guardian, the legal guardian must be present to check in the patient on the procedure day. If the legal guardian is not able to be present at check in, they will need to be available by phone for the duration of the procedure and through patient discharge.

### ***FOR EUS OF UPPER GI TRACT***

#### **1 day before your procedure:**

- Stop eating solid foods and begin clear liquid diet at **11:45pm**. Clear liquids include things you can see through.
  - Examples of a clear liquid diet include: water, clear broth or bouillon (gluten free options available), Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O, popsicles, and up to one cup of black coffee or tea (no milk or cream) each day.
  - The following are not allowed on a clear liquid diet: red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil and chewing tobacco.
  - For additional details on following a clear liquid diet, please see <https://www.mngi.com/conditions/clear-liquid-diet>

#### **Day of your procedure:**

**Morning Medications:** You may take all of your morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, and anti-seizure medications with sips of water **3 hours prior to your procedure** or earlier. Do not take any chewable vitamins or supplements. To avoid cancellation, do not use marijuana/THC the day of your procedure. If you have diabetes, contact your monitoring provider for further direction on insulin and/or blood sugar management.

Continue the Clear Liquid Diet. As a reminder, continue to avoid red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

- **6 hours prior to your procedure:**
  - STOP consuming all solids and liquids.
  - Do not take anything by mouth during this time.

## **FOR EUS OF THE LOWER GI TRACT**

Purchase the following supplies at your local pharmacy:

2 – Fleet Saline Enemas

### **Day of your procedure:**

- There are no dietary restrictions.
- Continue all medications as usual.
- **1 ½ hours before leaving for your procedure:**
  - Rectally administer the 1<sup>st</sup> Fleet enema
- **1 hour before leaving for your procedure:**
  - Rectally administer the 2<sup>nd</sup> Fleet enema

### **Bring the following to your procedure:**

- Insurance Card / Photo ID
- List of Current Medications including over-the-counter medications and supplements
- Bring your rescue inhaler if you currently use one to control asthma
- Bring contact lens supplies as you will be asked to remove contact lenses prior to the start of your procedure

## **DESCRIPTION OF ENDOSCOPIC ULTRASOUND**

### **What is endoscopic ultrasound (EUS)?**

Endoscopic ultrasound (EUS) provides detailed pictures of your digestive tract anatomy which may include the upper or lower gastrointestinal (GI) tract. The upper tract is the esophagus, stomach and duodenum; the lower tract is the colon and rectum.

EUS is also used to study internal organs that lie next to the gastrointestinal tract, such as the gall bladder and pancreas. EUS may be used to diagnose the cause of conditions such as abdominal pain or abnormal weight loss. EUS is also used to evaluate an abnormality, such as a growth, that was detected at a prior procedure or by x-ray. In addition, EUS can be used to diagnose diseases of the pancreas, bile duct and gallbladder when other tests are inconclusive.

Your physician will use a thin, flexible tube called an endoscope that he or she will pass through your mouth or anus to the area to be examined. Your physician then will turn on the ultrasound component to produce sound waves that create visual images of the digestive tract.

### **What can I expect during EUS?**

#### ***EUS of the Upper GI Tract***

For EUS of the upper GI tract, you will be given medication at the beginning of the procedure to help you relax and minimize discomfort or gagging. This medication will make you drowsy.

The actual procedure generally takes between 30 -60 minutes. Most patients consider it only slightly uncomfortable and may fall asleep during it. If abnormal tissue is found, the physician may remove it through the endoscope for closer examination or biopsy.

***EUS of the Lower GI Tract***

EUS examination of the lower GI tract can often be performed safely and comfortably without medications, but you will probably receive a sedative if the examination will be prolonged or if the physician will examine a significant distance into the colon.

Most EUS examinations of the lower GI tract last about 30 minutes. If abnormal tissue is found, the doctor may remove it through the endoscope for closer examination or biopsy.

**What are the possible complications of EUS?**

Although serious complications from EUS are rare, any medical procedure has the potential for risks. Risks from EUS include perforation, or a tear, of the lining of the stomach or esophagus, bleeding from a biopsy site, reactions to medications, heart and lung problems, and dental or eye injuries. The risk of complications slightly increases if a deep needle aspiration is performed during the EUS procedure. There is also a small risk of infection if fluid is removed from any cysts, and antibiotics may be given to prevent this.