



Associates in Gastroenterology: RECTAL EUS

GENERAL INFORMATION

EUS is an outpatient procedure that uses a thin, flexible, lighted tube with a small ultrasound probe attached to the end (echoendoscope). Rectal Endoscopic Ultrasound is a safe procedure but rare complications can occur including bleeding, perforation of internal organs, or reactions to the sedation medicine.

You will be lying on your left side or back during the procedure. You shouldn't feel any pain, but mild cramping or bloating can occur. As the scope is withdrawn, the inside lining of the colon is carefully inspected. Depending on your symptoms and what is seen, biopsies may be taken.

After the procedure, you may feel abdominal pressure or bloating because of air that was introduced during the procedure. This will disappear relatively quickly with the passage of gas. You should be able to eat a regular diet.

COMPLICATIONS ARE UNUSUAL, BUT CAN OCCUR:

- **Minor or major bleeding**, possibly requiring hospitalization, blood transfusions, repeat endoscopy, or surgery.
- **Abnormally low blood pressure or heart rate** related to abdominal pain.
- **Perforation of internal organs**, requiring hospitalization and emergency surgery.

RECTAL EUS PREPARATION

- Continue all prescription medicines, unless directed by your doctor.
- **If you take Aspirin, Plavix (clopidogrel), Coumadin (warfarin), or Pradaxa (dabigatran etexilate mesylate), please discuss with your doctor.**
- If you have **DIABETES**, take only half of your usual dose of diabetes medicine on the day of your endoscopy. If you have questions, please discuss this with your doctor.
- **STOP EATING 8 HOURS BEFORE AND STOP DRINKING 4 HOURS BEFORE THE PROCEDURE.**

*Nothing by mouth after _____.

- **Two hours before arrival, give yourself a Fleets enema.** Retain the enema for at least 5-10 minutes. **One hour before arrival, give yourself a second Fleets enema,** and retain it for at least 5-10 minutes.

*Administer 1st Enema @ _____ *Administer 2nd Enema @ _____

Your Rectal EUS is scheduled

with Dr. _____ at _____ on _____ (mo/d/yr), at:

- Stafford Hospital, 101 Hospital Center Blvd., outpatient registration, 1st Floor, Stafford

**** PLEASE ARRIVE at _____ ON THE DAY OF YOUR PROCEDURE. ****

Have questions? Please call the Alexandria office (703) 823-3750, Manassas office (703) 365-9085, Mt. Vernon (703) 360-0594, or Woodbridge office (703) 580-0181.

IF YOU NEED TO CANCEL YOUR PROCEDURE, you must call the office. If you cancel within 3 business days of your procedure, **you will be charged one hundred fifty dollars (\$150).**

I am aware of the potential complication of a Rectal EUS (as noted above) and I am aware of the cancellation fee (as noted above). I consent and agree to proceed with the procedure as indicated by my signature below.

Print Patient Name

Patient Signature

Date