

Possible risks or complications of the procedure:

- ◇ Endobronchial Ultrasound is generally a safe procedure with few serious complications. These include:
- ◇ Mild pneumothorax (1%, may resolve spontaneously)
- ◇ Severe pneumothorax (0.5%, requiring chest drain insertion)
- ◇ Mild bloodstained sputum / haemoptysis
- ◇ Severe haemoptysis (0.2%)
- ◇ Low grade fever or Mediastinitis (<1%)
- ◇ Death (less than 0.1%)

Risks increase in old age and in patients with heart, lung or kidney problems.

Should you have any queries, please contact your doctor in-charge.

Reference: Hospital Authority
October 2021(Reviewed)
PFE-EPI-9-E015



- We provide "Octopus hourly parking services"
- Green Line Minicab: 2, 17M, 25M, 46, 70,
- Red Line Minicab: Mongkok to San Po Kong / Wong Tai Sin / Kowloon City
- Public Buses: 1, 1A, 2A, 6D, 7B, 9, 12A, 13D, 16, 24, 27, 42, 95, 98C, 113, 203E, 296C, N216
- MTR
 - * Lok Fu: 5 mins by taxi
 - * Mongkok: by red line minibus, get off at Lomond Road
 - * Sung Wong Toi: Exit B1, about 5-10 minutes walk
- East Rail Line
 - * Mongkok East: about 5 minutes by taxi
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St. Teresa's Hospital
聖德肋撒醫院

Endobronchial Ultrasound Examination (EBUS)

Health Information

健康資訊

Introduction:

Endobronchial Ultrasound (EBUS) is a common procedure for the diagnosis and treatment of respiratory diseases.

The most common indications for bronchoscopy include: mediastinal mass or lymph node, lung cancer staging, suspected pulmonary pathology but negative bronchoscopy examination.

How is the procedure performed?

- 1) Prior to the examination, local anaesthetics would be sprayed to the throat of patients, intravenous sedation drugs may be given.
- 2) A flexible endoscope with a diameter of 6 mm will then be introduced by the endoscopist through the mouth of patients into the airway.
- 3) During the procedure, your vital signs such as blood pressure, pulse and oxygen saturation will be closely monitored.
- 4) If needed for culture or histopathological diagnoses, secretions or washings of the airway together with tissues of the lung, mediastinal mass/ lymph node or airway may be obtained via the working channel of the endoscope or fine-needle aspiration (FNA).

5) During the procedure, you may develop a tendency to cough. This is a normal cough reflex. Try to breathe normally so as to ensure smooth completion of the procedure. Try not to speak during the procedure as the bronchoscope is lodged between the vocal cords.

6) In general, the procedure would last for 30 to 60 minutes, but in complex cases the examination time may be prolonged.

Preparation needed before the procedure:

- ※ Undergo relevant blood or lung function tests.
- ※ Have a chest radiograph or computed tomogram taken.
- ※ Patients need to be fasted for over 6 hours before the procedure.
- ※ Patients should inform the medical staff of any major medical problems including diabetes, hypertension and pregnancy, and continue their medications as instructed.
- ※ Patients should also provide information concerning the current medications used and any allergic history.

- ※ Patients should avoid driving to attend the out-patient procedure appointment and also avoid heavy drinking, smoking or use of sedative before the procedure. Senior patients and those with difficulty walking should be accompanied by family member.

Care after the procedure:

- ※ The effect of local anaesthesia would persist for around an hour; patients should remain fasted until anaesthesia has worn off. This prevents choking with food or fluid intake.
- ※ May need to take another chest radiograph.
- ※ Mild soreness of throat, hoarse voice and slightly bloodstained sputum.
- ※ Sensation of drowsiness if sedation has been given. Need to rest in bed till the effects of sedatives have passed.
- ※ If intravenous sedation is used, patients should keep bed rest until no dizziness and avoid operating heavy machinery or driving for the rest of the day.
- ※ Patients should follow the instruction given by the medical staff in completing the drug treatment.