

Having Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA)

Information and advice for patients

Endoscopy

What is EBUS-TBNA?

It is a long flexible tube, about the width of a pencil, with light source, camera and ultrasound scanner at the end of the tube. This allows the doctors to visualise and sample the lesions/lymph glands beyond the airway walls.

Why am I having EBUS-TBNA?

EBUS-TBNA is used to:

- Investigate enlarged lymph nodes in the chest.
- Diagnose conditions such as sarcoidosis or tuberculosis.
- Diagnose and stage cancer.

What are the risks?

EBUS-TBNA is a safe test. Serious complications are extremely rare and would be discussed by your doctor on the day of the test. Some patients may experience a sore throat or cough up a little blood for a couple of days following the test. This is normal after having a biopsy taken. You should consult your GP if:

- You have chest pain, fever or breathlessness that doesn't settle after two days.
- You continue to cough up blood.

What are the risks of not having the treatment/operation/test?

You won't be able to get a diagnosis of your chest condition without the biopsy.

Are there any alternatives to this treatment/operation/test?

The alternative would be to do a surgical procedure under general anaesthesia to get biopsy samples from the chest. The surgical procedure would be a lot more invasive, potentially associated with more complications and is not advisable unless EBUS fails to achieve diagnosis.

Having Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA)

Information and advice for patients

Endoscopy

Preparing for EBUS-TBNA

Just before the procedure, you will be given a sedative by injection to help you relax. A local anaesthetic to the back of the throat will make the throat numb. We also routinely give you extra oxygen via a small plastic tube in the nostrils. When you are lying comfortably and sedated, the tube is placed in the mouth, past the voice box and into the lungs. You will be able to breathe normally. Repeated samples will be taken from the concerned area. It does not hurt, but often makes you cough which is a normal part of the test. The actual procedure usually lasts around 30-45 minutes. Following this, you would be monitored for 1-2 hours in recovery area.

Sedation

We will give you a sedative injection which will make you relaxed and sleepy during the examination. Whilst you will appear to be awake fairly rapidly after this, the medication used continues to have a mild sedative effect for up to 24 hours afterwards and this will "impair your judgment". It is essential therefore that for the next 24 hours you:

- **DO NOT** drive a car
- **DO NOT** operate machinery (including kitchen equipment)
- **DO NOT** return to work
- **DO NOT** drink any alcohol

A relative or friend **MUST** accompany you home and stay overnight with you. Please ask this relative or friend to ring the Endoscopy Unit on 0121 507 4062/5800 approximately three hours after your appointment to check if you are ready to leave.

Food and Drink

Please be advised that you need to have stopped eating and drinking at least six hours before the scheduled procedure.

Drinking water is fine up to three hours before procedure.

You should not eat or drink for one hour after the test.

Having Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA)

Information and advice for patients

Endoscopy

Medication

You can take your regular medications with a sip of water apart from diabetes medications or anticoagulants.

If you are on any anti-coagulant (blood thinning medication), please follow these instructions unless instructed otherwise:

- Ticagrelor**
Stop seven days before appointment
- Clopidogrel**
Stop seven days before appointment
- Warfarin**
Stop seven days before appointment
- Rivaroxaban
Stop two days before appointment
- Apixaban
Stop two days before appointment
- Edoxaban
Stop two days before appointment
- Enoxaparin Injection
Omit the night before appointment

If you have metallic heart valves or have had a heart attack less than six months ago, or if you are on blood thinning medicine that was not mentioned above, or if you are unsure about the instructions, please contact Endoscopy suite on **0121 507 5754/3460 or contact the Respiratory secretaries on **0121 507 5835**.

When will I know the results?

The results of the biopsies take five working days and will be sent to the doctor who has referred you for the procedure and further appointments will be made to discuss the results.

If you need to change or cancel this appointment please call the Endoscopy Department on **0121 507 5754/3460**.

Having Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA)

Information and advice for patients

Endoscopy

Sources used for the information in this leaflet

- British Thoracic Society (2013) BTS guideline for diagnostic flexible bronchoscopy in adults. *Thorax an international journal of respiratory medicine*, 68 (S1) Available at: <https://www.brit-thoracic.org.uk/document-library/guidelines/bronchoscopy/bts-guideline-for-diagnostic-flexible-bronchoscopy-in-adults/> (Accessed 7 June 2023).
- National Institute for Health and Care Excellence (2008) *Endobronchial ultrasound-guided transbronchial needle aspiration for mediastinal masses Interventional procedures guidance [IPG254]*. Available at: <https://www.nice.org.uk/guidance/ipg254> (Accessed 7 June 2023).

For more information about our hospitals and services please see our website www.swbh.nhs.uk, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email swbh.library@nhs.net.



A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals
© Sandwell and West Birmingham NHS Trust

ML5979

Issue Date: June 2023

Review Date: June 2026