

# Endobronchial Ultrasound Transbronchial Needle Aspiration (EBUS-TBNA)

Endoscopy Unit



**Care Colleagues**  
**Collaboration Communities**

# Introduction

Your doctor has advised that you have a test called a Endobronchial Ultrasound Transbronchial Needle Aspiration (EBUS-TBNA) to help find the cause of your symptoms and determine the best treatment. This leaflet has been prepared after talking to patients who have previously experienced the procedure. It may not answer all your questions and if you have any remaining concerns please do not hesitate to ask us on the day or contact us on the following telephone number(s):

---

---

This information leaflet should also provide you with all the background information you need when confirming that you wish to proceed with the test on the day that you attend.

## What is an EBUS-TBNA?

This is a test that enables the doctor to sample a lymph gland in the centre of your chest (mediastinum) using the aid of an ultrasound scan. These glands lie outside of the normal breathing tubes (bronchi) To do this, a bronchoscope with a tiny ultrasound scanner on the end is passed into the airway via the mouth and voicebox and then, using the ultrasound scanner, the doctor is able to pass a needle through the airway wall to take some small samples. This does not hurt at all. You will wear a mouth guard and be given a local anaesthetic spray for your throat, as well as a sedative in your veins. The procedure takes about 30-40 minutes.

## What should you expect?

### The preparation

The test is done as a day case and although it usually takes place in the morning it may be in the afternoon. You will be asked not to eat or drink for at least 4 hours before the test, but you can have your usual medication(s) with a small sip of water.

If you take anticoagulant tablets (such as Warfarin, Rivoroxaban, Dabigatran Apixaban or Edoxaban) or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor), or if you are a diabetic please

phone 01922 656217 and speak to a nurse. We may need to alter your medication before the EBUS.

If you have any personal access needs or require wheelchair access and wish to talk to a member of staff, please call **01922 656217**.

When you arrive, please tell the doctor or nurse if you have any allergies. They will also want to know about any previous bronchoscopy that you have had, whether you are asthmatic and any change in your condition since you were last seen in the clinic.

## Consent

Having read this information leaflet and having been assessed by the admitting nursing staff you will be asked by the doctor carrying out your test to sign a consent form before the procedure. It is hoped that having read this leaflet you will have been provided with enough information to enable you to give your consent. If you have any further queries you should ask the doctor before signing.

During your clinic appointment the proposed procedure will be explained to you. You will be given an information booklet and asked to sign the first part of the consent form to indicate that you agree to undergo the procedure. You will then take both these documents home with you. On the day of your appointment it is important that you bring the consent form with you.

The doctor carrying out the test will talk through the form with you again and confirm you are happy to go ahead with the test. This allows you some time following your clinic appointment to consider any questions or concerns you may have before proceeding.

## During the test

In the examination room you will be made comfortable lying on a couch. You will be asked to remove glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot is provided).

## Sedation

Some anaesthetic spray is gently put in the back of the throat; this tastes initially like bananas but then is more bitter. You will have a different sensation of breathing and swallowing once the throat is numbed. Secretions In your mouth and throat can still be swallowed as normal. A thin tube introduced with a needle will be

placed into a vein in your arm or hand. A combination of 2 sedative medicines will be injected through this which will make you sleepy and relaxed, such that you may not remember much about the procedure afterwards. A small oxygen tube will be placed at the opening of one of your nostrils.

## The EBUS-TBNA

An oxygen measuring device will be placed on one of your fingers so that the doctor can manage your oxygen throughout the procedure. You will be asked to bite onto a mouth guard and the tube will be passed over the back of your tongue following some anaesthetic spray to numb the back of your throat. Once you are sleepy and before the tube is passed any further, some local anaesthetic is sprayed onto your voice box and upper airways to numb these areas. This may cause some coughing which usually settles. Sometimes the anaesthetic is given through a fine needle directly through the skin in the front of your neck to anaesthetise the voice box and upper tubes. This is not painful but will also cause coughing. Further small amounts of local anaesthetic are sprayed where necessary in your airways to enable full examination.

The whole procedure takes about 30-40 minutes.

When the examination is finished the bronchoscope is removed quickly and easily causing little discomfort.

## After the EBUS-TBNA

After the test you will be left to rest in the recovery ward where there will always be a nurse present to help you. Your oxygen will continue to be monitored and because your throat will be numbed, it is not safe for you to eat or drink at this stage in case this results in some of it going the wrong way down your windpipe (trachea). Coughing after the procedure is normal and may even produce some small amounts of blood. Your ability to swallow properly should return in 2 hours.

## Complications / Risks

Common symptoms after the procedure are cough and a sore throat. You may cough up a small amount of blood. During the procedure you may feel a little breathless but this soon wears off after the procedure. As sedation is used for your procedure then

there is a small risk that you will become too sleepy or that your oxygen levels may fall , if this occurs the sedation can be reversed using another medicine

Studies show that this procedure is rarely associated with serious complications. The risks are the same or lower than a standard bronchoscopy which for bleeding are approximately 1 in 500 cases, for lung collapse 1 in 1000 cases and for death 1 in 5000. Infection following this procedure is very rare.

## Information for Women of Childbearing Age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the Endoscopy Unit on the telephone number at the front of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

## Going home

Providing everything runs smoothly you should be able to go home within a couple of hours of the test and it is essential that someone comes to pick you up, or that you have transport organised home and a responsible adult there to look after you when you arrive. Once at home you should rest quietly for the remainder of the day as you will still feel somewhat sleepy. The sedation lasts longer than you think so you should not drive a car, operate machinery, drink any alcohol or sign anything important that needs a clear mind!

By the following day the effects of the sedation should have worn off and you should be able to resume normal activities.

## When will I know the results?

In many cases the doctor may be able to have a chat with you and, provided you have no objections, to the carers who are accompanying you home. It is helpful for such carers to be present, as it is likely that you will forget some of the things said by the doctor because of the effects of the sedation.

If samples have been taken for analysis it may be several days before the results are known. Your doctor will be sent a copy of the report of the EBUS-TBNA and a follow up outpatients

appointment will be organised to discuss the results of your investigation.

## What are the Benefits and Alternatives'?

A EBUS-TBNA has been recommended as a way of sampling the glands. In the middle of your chest. This is usually because scans have indicated that the glands are enlarged, which can be associated with a variety of conditions within the lungs. Whilst there are other ways of sampling these glands such as by undergoing a keyhole procedure under a general anaesthetic, these are considered more invasive and therefore only recommended if an EBUS-TBNA does not obtain a diagnostic answer.

Sometimes there are glands elsewhere in the body which can be sampled more easily (such as in the neck) but your doctor will have discussed with you if this is a possibility.

You can contact the Beynon Centre for any further queries on telephone number **01902 694052** or use the telephone number noted at the beginning of this information leaflet.

Please confirm that you have understood the contents of this explanatory leaflet about EBUS-TBNA by signing and dating below. If you have any questions or concerns, please telephone us on the numbers provided or discuss these with the nurse or doctor prior to signing your consent form on the day of the test.

***Please bring this leaflet with you when you attend.***

Name: .....

Signature: .....

Date: .....





Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو، براہ کرم  
پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.