Endoscopy Department

Trans rectal endoscopic ultrasound (TREUS) for outpatients

Important information

Before your appointment

- Stop taking iron tablets two days before the procedure. All other medication should be taken as normal.
- If you have any questions about the procedures or find that you cannot keep this appointment, please contact the Endoscopy Office between 09:00 to 17:00 01223 257080.

On the day

- You may eat and drink as normal.
- Follow the bowel preparation instructions in this leaflet carefully because your lower bowel must be completely empty.

At the hospital

- Please come to the Endoscopy department, which is on level 3 of the Addenbrooke’s Treatment Centre (ATC).
- Use the ‘Car Park 2’. Take your parking ticket and appointment letter to the ATC reception desk to obtain discounted parking.
- **Please note that the appointment time is for your pre procedure check, not the time of your examination.** The length of time you will be here will vary enormously but it may be anything from two to four hours or more. Please ask your admitting nurse for further information during your admission check.
What is a rectal endoscopic ultrasound?

Your doctor has requested these procedures to help investigate and manage your medical condition.

Trans Rectal Endoscopic ultrasound (TREUS) is a procedure that combines the ability to examine the lining of the colon as well as what is beneath the surface. This is done using a special endoscopy/ultrasound scope. This is a long flexible tube (thinner than your little finger) with a light at the end and a built-in miniaturised ultrasound probe. It is passed into the rectum to see lower pelvic structures.

Sometimes it is helpful to take a biopsy – a sample of the lining of the rectum. This is done by passing a small instrument called forceps through the endoscope to ‘pinch’ out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis.

The procedure takes about 10 minutes and is usually performed without sedation although this is available if you prefer.

Options for sedation

There are two options for these procedures:

1. **No sedation option**: The advantage is that you can leave as soon as you have talked to the endoscopist and resume your normal activities such as working or driving. You will be fully awake during the procedure. Most patients find this acceptable and not too unpleasant.

   A local anaesthetic jelly is used to minimise discomfort around the anus.

2. **Intravenous sedation option**: An intravenous injection is given to make you feel relaxed and sleepy but not unconscious (this is not a general anaesthetic). This option means you may not be aware of the procedure. The disadvantages of this option are:
   - You will need to stay whilst you recover which may take up to an hour or more.
   - You will need to be escorted home and you should not drive for 24 hours.
   - The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet and slow to react for a while.
You must arrange for a responsible adult to come with you and wait to take you home. If you are using hospital transport, an escort is not required.

**Getting ready for the procedure**

**Bowel preparation to be completed three hours before leaving home.**

1. Use the enclosed enema.
2. Follow the instructions enclosed with the enema.
3. Hold the liquid inside you for as long as possible, preferably five minutes.

On arrival at the department, we will explain the procedure to you and ask to sign a consent form. You can change your mind about having the procedure at any time.

**What happens during the procedure**

You will need to undress and put on a gown. We will ask you to remove any glasses and we will make you comfortable on a couch lying on your left side with your knees bent. For your comfort and reassurance a trained nurse will stay with you throughout the procedure.

We will give you oxygen through a facemask and put a plastic ‘peg’ on your finger to monitor your pulse and oxygen levels. If you choose the intravenous sedation option, the endoscopist will give you the injection.

The endoscopist will gently insert the colonoscope through your anus into your rectum. At this time, you might feel as if you need to go to the toilet. This is perfectly natural reaction and there is no need to worry. There may be periods of discomfort but these are usually mild. If you find the procedure more uncomfortable than you would like, please let the nurse know and we will give you some pain relief. However, if you make it clear that you are too uncomfortable the procedure will be stopped.

**Potential risks**

Rectal endoscopic ultrasound procedures carry a very small risk (one in 5,000 cases) of haemorrhage (bleeding) or perforation (tear) to the bowel. Bleeding is usually stopped during the procedure; occasionally, for a patient who bleeds severely a blood transfusion may be necessary. Perforations often heal by themselves but, on rare occasions, an operation is needed which may involve making a temporary opening in the abdomen (called a stoma) to allow the passage of waste. Another rare complication include and an adverse reaction to the intravenous sedative and pain relief medication.
After the procedure: your privacy and dignity

Following the procedure we will take you to a recovery area. We will always do our best to respect your privacy and dignity; if you have any concerns please speak to the sister or charge nurse.

If you did not have any sedation, you may go home immediately after the procedure.

If you had sedation, when you are sufficiently awake, we will give you a drink before you get dressed; this may be up to an hour following the procedure. We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. We also advise you to have a responsible adult stay with you for the next 12 hours.

If you experience any of the following please contact your GP, the Endoscopy department 01223 216515 or the Accident and Emergency Department 01223 217118

- severe pain,
- black tarry stools
- persistent bleeding

When will I know the result?

The endoscopist will be able to tell you the results immediately after the procedure. If you had sedation, it is a good idea to have someone with you when you talk to the endoscopist because the sedation can affect your ability to remember the discussion.

You should discuss the results of any biopsies or any further treatment with the healthcare professional who requested the procedure or with your GP.

Alternatives

Due to the unique information obtained from a TREUS there are no real alternatives although in a few instances other radiological tests may give the answers required.

For more information:

- Contact the Endoscopy Office between 09:00 and 17:00 on 01223 257080.
- See www.addenbrookes.org.uk/consent
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient-information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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