

## EUS Cystgastrostomy

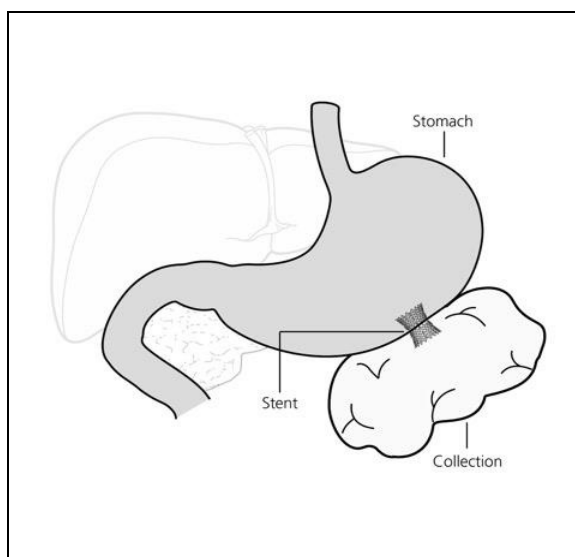
You have been referred for a procedure called endoscopic ultrasound (EUS) to drain a collection of fluid around the stomach. Please read this leaflet along with 'Having an Endoscopic Ultrasound'.

### Why have you been referred for this procedure?

Most people having this procedure have had recent inflammation of the pancreas (acute pancreatitis) and a fluid collection has formed around the pancreas. In most cases this fluid can get better on its own. Sometimes the fluid can cause symptoms such as pain, nausea (feeling sick), vomiting or reduced appetite. If the fluid builds up or is causing symptoms, this procedure is recommended to speed up recovery. Other reasons to perform this procedure are for suspected infection in this fluid, or to make planned surgery easier (for example gallbladder removal).

### What does the procedure involve?

Please read this leaflet along with the 'Having an Endoscopic Ultrasound' booklet. The procedure involves passing a small flexible camera through the mouth to the stomach. More information on this part of the procedure is available in the 'Having an endoscopic ultrasound' booklet. The ultrasound probe at the end of the camera will identify the fluid collection and guide insertion of a 'stent'. A stent is a tube made of plastic or metal which creates a channel between the fluid collection and the stomach. This allows the fluid to drain into the stomach and be digested in the usual way. The stent will be left in place after the procedure. Depending on the content of the collection, symptoms usually get better over the next few weeks.



### What are the benefits of EUS drainage?

Drainage should relieve the symptoms caused by the fluid collection. Eventually the fluid should completely disappear.

## Information for Patients

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### **What will I feel in addition to the usual endoscopic ultrasound?**

Usually the procedure takes between 15 and 30 minutes (about the same time as a usual EUS procedure). You may feel a pressure sensation but rarely a sharp pain.

### **When will the stents be removed?**

The stents will be removed with another endoscopy which is usually a much quicker procedure. Occasionally, the stents may move into stomach on their own and are passed during subsequent bowel motions.

### **What are the risks or side effects of EUS drainage?**

In addition to the usual risks of endoscopy, complications are more common.

**Infection: (20%)** We routinely prescribe oral antibiotics to reduce this risk. At times infection can be severe or persistent and you may need to be admitted to hospital for intravenous antibiotics. Sometimes a repeat procedure is required.

**Bleeding: (Less than 5 in 100 patients)** This is usually identified at the time of the procedure but can happen up to several weeks after. You may need to have extra endoscopic procedures or a procedure in the X-ray department to stop bleeding. Surgery is very rarely required.

**Stent migration: (Less than 5 in 100 patients)** There is a risk the stent can move. If the stent falls into the collection, which is usually during insertion, and cannot be removed at the time, a second procedure will be required. If the stent falls into the stomach, it is usually passed normally with bowel motions without you noticing.

**Perforation: (1%)** This is a tear in the stomach or gullet which usually requires hospitalisation and may require surgery.

### **What are the alternatives to this procedure?**

Previously, the main method of draining the fluid was by surgery under general anaesthetic. Another method is by passing a tube or drain through the skin using ultrasound or x-ray imaging guidance. This may have to stay in for several weeks, can be uncomfortable and risks creating a long term leak of fluid to the skin. The EUS method avoids an external tube and the risks associated with a major operation.

### **What happens after the procedure?**

After the procedure you may be admitted overnight for observation.

You will be prescribed a course of oral antibiotics.

After you go home, an appointment will be made for the removal of the stents. The removal procedure is much quicker and you will not have to stay overnight. Metal stents should be removed within 8 weeks but plastic stents are usually removed after six months although occasionally we leave them in for longer, even for years. It is very important that you attend the appointment to have the stents removed.

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).