**Asheville Pulmonary & Critical Care: EBUS Patient Education**

Gray top section:Endobronchial ultrasound (EBUS) is a specialized form of bronchoscopy that is used to evaluate enlarged lymph nodes in the chest. Pulmonary specialists use EBUS to perform a technique known as transbronchial needle aspiration (TBNA), which allows sampling of tissue from lymph nodes. These samples can be used for diagnosing and staging lung cancer, detecting infections, and identifying inflammatory diseases that affect the lungs, such as Sarcoidosis.

**Preparation:**

* Do not eat or drink anything after midnight before your procedure.
* Please arrive 90 minutes before the scheduled procedure time.
* Please plan to be at the hospital for 4-6 hours, barring any complications.
* EBUS is done on an outpatient basis. You MUST have someone available to drive you home.
* You are not to drive for the rest of the day.

**Medications:**

You should continue to take your usual medications on schedule, unless this conflicts with the following precautions:

Most blood thinners should not be taken for 5 days prior to the procedure. Please alert the Procedure Scheduler if you are on blood thinners, so that we may give you instructions that are specific for your situation.

Additionally, please notify us prior to the procedure if you are taking anti-inflammatory medications such as Aspirin, Advil, Motrin or Naprosyn, as you will need to be off of these medications for several days prior to the EBUS.

**What to expect:**

EBUS is usually done under general anesthesia. Prior to the procedure, an IV will be inserted into your hand and a local anesthetic will be sprayed in your throat. Once the airways are adequately numbed, and the gag reflex is absent, you will receive intravenous anesthesia and a tube will be placed in your throat. The EBUS scope is then passed through the tube into the lungs, and the physician attaches an ultrasound probe to visualize the lymph nodes in the chest. A needle is then used to obtain tissue samples from the lymph nodes.

While some patients may experience a sore throat after the procedure, there is no pain associated with EBUS. Once the procedure is completed (typically 30-60 minutes), you will remain under observation for a couple of hours while the effects of the medications wear off. You will then be discharged home. You may experience some fatigue for the remainder of the day.

**Potential Complications:**

EBUS is typically well tolerated and has a very low incidence of complications. Rarely, patients may have an unusual reaction to one of the medications that is used; as these medications are short-acting, this usually resolves quickly. The airway tube may possibly cause a cough and/or sore throat for a few days after the procedure. Occasionally patients may develop a transient fever the night of the procedure.

It is not uncommon for patients to cough up a small amount of blood for a day or so after the procedure. Please notify us if you continue to cough up blood over several days, cough up large amounts of blood, or develop chest pain, shortness of breath, or a fever greater than 101 degrees.

If biopsies of the lung were performed during your procedure, this may be complicated by bleeding or a pneumothorax (collapse of the lung). Bleeding in the lungs is rarely severe enough to cause a serious problem. If a pneumothorax occurs, and the collapse is minor, it typically will resolve on its own. For a larger collapse, a chest tube will need to be placed to re-expand the lung, and you will need to be hospitalized.

Your doctor can tell you right away how your airways look. You may get laboratory results within one to four days, but other results can take longer, depending on what was performed during the bronchoscopy.

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