ENDOSCOPIC ULTRASOUND (EUS)

What Is the Purpose of an Endoscopic Ultrasound (EUS)?

Your doctor may have found a lesion or abnormality at a prior endoscopy study (upper endoscopy or colonoscopy) or on an X-ray test, such as a computerized tomography (CT) scan. An endoscopic ultrasound (EUS) will allow your doctor to see very detailed ultrasound images of the lesion or abnormality. The bowel wall and nearby organs and structures (such as lymph nodes or blood vessels) can also be seen.

If a biopsy (taking a small piece of tissue to look at under a microscope) is needed, fine needle aspiration (FNA) can be performed. Your doctor will use the ultrasound image to guide a thin needle through the endoscope to take the biopsy.

Your doctor may use an EUS to:

Help with staging of cancer.

Cancer staging describes the size of the tumor and whether it has spread to nearby lymph nodes or to other parts of the body. Staging helps your oncologist (cancer doctor) to plan the proper treatment.

- Esophageal (the tube that links your mouth and stomach), stomach, small bowel, rectal cancers.
  - EUS gives very detailed pictures of the wall of the bowel. Your doctor can find out the depth of the cancer (what layers of the bowel wall are affected by the tumor) or if the cancer goes outside the bowel wall. Your doctor will also look at nearby lymph nodes and organs to see if there is any spread of the tumor.

The information provided by the AGA Institute is not medical advice and should not be considered a replacement for seeing a medical professional.
- Pancreatic cancer.
- Lung cancer.
- Other cancers.
  - If you have a cancer that started in another part of your body, your doctor may use EUS to see if it has spread to sites around the bowel.

Look at lesions (nodules) in the wall of the gastrointestinal (GI) tract.

Sometimes, small lesions can be found in the wall of the GI tract with upper endoscopy or colonoscopy.

- Most of these lesions are benign (not harmful), but some can be precancerous. EUS can give detailed pictures of the five layers in the wall of the bowel.
- Your doctor can use EUS to find out which layer the lesion comes from and may use FNA to take a biopsy of the lesion.

Look at the pancreas.

- Pancreatic cysts.
- Chronic pancreatitis.

Look at the bile ducts, gallbladder and liver.

- Lesions (masses, cysts and tumors) or gallstones.

Find the cause of fecal incontinence.

- EUS can look at the inner and outer muscles of the anal sphincter.

More uses of EUS are being developed.