

Dr Samantha Herath MBBS, MPhil, FRACP, PhD.

Interventional bronchoscopist Respiratory and Sleep Physician

Linear EBUS Patient Information Sheet

What is EBUS?

- EBUS (Endobronchial Ultrasound Guided Biopsy) is a minimally invasive bronchoscopy procedure that uses a flexible camera with ultrasound to examine and biopsy abnormal masses and glands around and outside the windpipes/breathing tubes.
- Your proceduralist is Dr. Herath. Dr Herath with over 2000 EBUS procedures and international training, performs this procedure with high success rates.
- There are two types of EBUS:
 - Linear EBUS: For diagnosing glands and masses around large windpipes.
 - Radial EBUS: For diagnosing lung nodules in smaller, peripheral windpipes.
 - This document focuses on Linear EBUS

Conditions Treated with Linear EBUS:

- Diagnoses lung cancer, infections, and diseases like sarcoidosis and tuberculosis.
- Less invasive than conventional methods like mediastinoscopy and aids in finding out the extent of the spread of lung cancer.
- Larger samples may be needed to diagnose lymphoma or examine for specialised biomarkers in lung cancer. If this is the case a "cold biopsy" called cryobiopsy is performed using a 1.1 mm thin wire-like biopsy tool.

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Procedure Details:

- Anaesthesia:
 - o The procedure will be performed under general anaesthesia.
- **Locations**: Macquarie University Hospital, Sydney Adventist Hospital, Northern Beaches Hospital.
- **Timing**: Takes 30-45 minutes; day procedure with a 2-hour recovery period.

Preparation:

- Fast for 6 hours before the procedure for both food and fluid.
- Stop blood thinners 5 days prior.
- Continue aspirin if you are on aspirin.
- Avoid diabetic meds on procedure day. Some diabetic medications need to be stopped 3 days before the procedure. Inform your Respiratory Physician of all the diabetic medications you are taking.
- Arrange for a driver to take you home and someone should stay with you overnight.
- Quitting smoking beforehand helps reduce discomfort.

Side Effects: Please see below chart

- **Common**: Cough, sore throat, tiredness, flu-like symptoms.
- Rare: Infection, shortness of breath, coughing up significant blood.

Post-Procedure:

- Return to work and normal medications the next day.
- Can restart blood thinners the next day.
- Preliminary results are available the same day; final results are discussed in a follow-up appointment.
- Please make a follow-up appointment with your respiratory physician in 1 week from the procedure.

Combined Linear and Radial EBUS:

- Performs both types in one session for patients with suspected lung cancer or nodules.
- Saves time and reduces the need for separate procedures.

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Item Number:

- MBS item number 38417 for health fund claims.
- Dr Herath does not charge a gap for your procedure and all claims will be made directly to the health fund and Medicare
- You may incur separate fees for anaesthesia, pathology, and radiology, which are beyond the control of the Sydney Respiratory Specialist clinic.

Common side effects during or immediately after the procedure	What to Do?
Cough post procedure Coughing blood mixed with sputum	Self-resolve over 24h
Tiredness	Self-resolve in 24h
Sore throat	Difflam lozenges or throat spray for 48h
Feeling as if you have flu (30% of patients after a wash/lavage)	Take paracetamol Take your temperature This should be below 38.5 C
Bleeding during procedure	We are prepared for a bleed specially during a biopsy.
Air leak outside the lung	If we anticipate an air leak, we will perform an ultrasound or a Chest X-ray to find out if this had occurred prior to discharge

Rare side effects, once you leave the hospital	What to Do?
Infection and fever post procedure	Occurs 2-4 hours post procedure in 3% patients If you have fever >38.5 or feel unwell, you will need IV antibiotics and fluids. Please return to emergency department of the nearest hospital.
Shortness of breath/chest pain after going home	Shortness of breath is also a sign of pneumothorax or air leak outside the lung. If this occurs, please report to the nearest hospital emergency department.
Coughing up frank blood more than a tablespoon	Coughing up frank blood more than a tablespoon is not normal. This is a sign of a larger bleed inside the lung. Please report to the nearest emergency department.

Thank you for choosing Sydney Respiratory Specialist Clinic for your bronchoscopy procedure. We appreciate your trust in our care and are committed to providing you with the highest quality of service and support.

For any queries and follow up appointments please contact: 02 9487 8373.