

Examination Under Anaesthetic (EUA) of Rectum

Patient Information

What is EUA and why is it necessary?

EUA is an investigation carried out under a general anaesthetic (whilst you are asleep) to obtain more information about your symptoms. Once you are asleep your surgeon will carry out an internal examination whilst your muscles are more relaxed and it is easier to examine you. This will involve looking in the anus (back passage) and bowel.

A small telescope may be inserted into your rectum known as a Flexible Sigmoidoscopy that helps the surgeon identify anything unusual. In addition small pieces of tissue may be removed and sent to the laboratory to be examined under the microscope.

What are the benefits of this investigation?

The information obtained through EUA will help the surgeon provide the most effective and beneficial treatment plan to manage your symptoms or diagnosis.

Are there any alternatives to this investigation?

There are no alternatives other than endoscopic procedures such as flexible sigmoidoscopy and colonoscopy. These are usually undertaken before having an EUA.

What are the risks?

There are risks, as with all operations although uncommon.

- Pain and discomfort
- Bleeding/Infection/Inflammation
- Overproduction of mucus for several days
- Injury to the bowel that may require surgery to rectify
- General Anaesthetic risks (increased effort on heart and lungs)
- Deep vein thrombosis (blood clot), Pulmonary embolism (PE)

What happens before the operation?

- Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your operation. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.
- Before your date of admission to hospital, please read very closely the instructions given to you. You will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel your surgery. You should bath or shower before coming to hospital.

What happens on admission

- On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. The surgeon, specialist nurse and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the Anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A small plastic tube will be put in the back of your hand using a needle. This will be used to give you the medication to send you off to sleep.

Preventing Deep Vein Thrombosis (DVT)

Your risk for DVT will be assessed on the day of your operation and you may require an injection of medicine to prevent blood clots. In addition you may be asked to wear anti-embolic stockings that should ideally be worn until you are back to your usual level of activity (usually 24 hours). If you need to wear them for longer than 24 hours, you should remove them for 30 minutes each day.

If possible, avoid long periods of immobility. If you feel more tired than usual after it is still important that you try to mobilise to promote circulation. For instance mobilising around the house or going out for short walks several times a day.

What happens after the operation?

Your blood pressure and pulse will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed as soon as you feel well enough.

You may experience some discomfort. If you do, the nurses will give you painkillers. Before your discharge you will be given a supply of pain killers, laxatives and post-operative instructions. Your GP will be notified of your discharge and a hospital follow-up appointment will be arranged for you.

Will I need to stay in hospital?

The operation is usually performed as a day case procedure allowing you to return home the same day. A general anaesthetic is usually used and your anaesthetist will discuss this with you in more depth.

How long will it take to recover from the anaesthetic?

Whilst most of the effects of anaesthesia wear off in a few hours, it is common to have poor concentration and memory for the first day or so. It is important therefore that you do not make important decisions, sign legal documents, drive, operate machinery or equipment for at least 24 hours after the anaesthetic. Muscle aches or headaches may also be experienced over the first few days.

Will I feel sick after surgery?

Nausea and vomiting symptoms are common after surgery; we try to keep this to a minimum. Medication can be used during the anaesthetic and after to control this.

Take extra rest and try to drink something regularly. If you can tolerate food, take small frequent snacks.

- The surgeon, specialist nurse and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the Anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A small plastic tube will be put in the back of your hand using a needle. This will be used to give you the medication to send you off to sleep.
- The operation is usually performed as a day case procedure allowing you to return home the same day. The procedure is commonly undertaken whilst you are asleep (under a general anaesthetic). Your surgeon and anaesthetist will discuss these choices with you.

How much pain should I expect?

You may experience some slight discomfort and notice that you have a slightly sore throat. This is due to the “breathing” tube placed in your throat during surgery and should subside in a day or so. To minimise any discomfort, you should take the painkillers that you have been given, regularly over the first few days (ensuring that you do not exceed the dose prescribed). After your discharge, if you have any queries or problems with your painkillers you can seek advice from your local GP or chemist.

What daily activities can I do?

You can exercise almost immediately. Start with mild exercise and gradually build up to your normal activity levels over a period of a few weeks.

When can I return to work?

You should feel well enough to return to work within 7-10 days though this will depend on your type of job. If your job involves sitting for long periods or straining you may require longer.

Who can I contact if I am concerned after discharge?

Please contact the surgical assessment unit (SAU) on 01274 364413 if you have any concerns or experience any of the following symptoms once discharged. A member of the medical team should be available to reassure and advice you. The SAU is open 24 hours a day.

- increasing pain, redness, swelling or discharge
- severe bleeding
- constipation for more than three days, despite using a laxative
- difficulty in passing urine
- high temperature (over 38°C), or chills
- persistent nausea or vomiting

People with hearing and speech difficulties

You can contact us using the Relay UK app. Textphone users will need to dial 18001 ahead of the number to be contacted.



Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay. The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

Make a note of any questions you may have:

A large rectangular area with a light blue background and horizontal dotted lines, intended for patients to write down any questions they may have.

If you need this information in another format or language, please ask a member of staff to arrange this for you.