

Endobronchial Ultrasound (EBUS)

FirstHealth Moore Regional Hospital offers Endobronchial Ultrasound (EBUS) technology to stage and diagnose diseases of the chest.

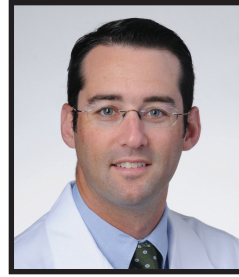
EBUS is a minimally invasive procedure that can be performed on an outpatient basis using local anesthesia and conscious sedation. In using EBUS, the physician avoids the traditional "blind approach" and can sample the high mediastinal, paratracheal and subcarinal lymph nodes similar to mediastinoscopy. EBUS, however, can also sample the hilar lymph nodes.

EBUS produces high diagnostic yield and often makes more invasive procedures such as mediastinoscopy unnecessary. Real-time imaging permits the sampling of lymph nodes that are as small as 5 mm in short axis or are near major blood vessels.

Complications with the EBUS procedure are uncommon, and accuracy rates are from 85 to 95 percent. EBUS is considered more accurate than CT or PET scan for evaluation of lymph node involvement and, when combined with EUS (see referral sheet in gastrointestinal section), has near 100 percent accuracy in staging lymph node involvement.

The combination of EBUS and EUS puts FirstHealth Moore Regional Hospital on the cutting edge of diagnosing and staging diseases of the chest and increases the likelihood of more accurate staging and appropriate treatment of lung cancer. This in turn leads to better prognosis and best treatment plans.

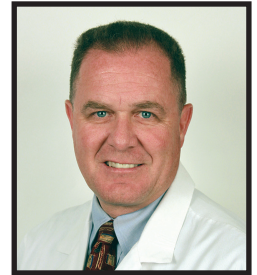
EBUS patient referrals can be made to Chest Center of the Carolinas, (910) 715-5326. All EBUS procedures are performed at FirstHealth Moore Regional Hospital.



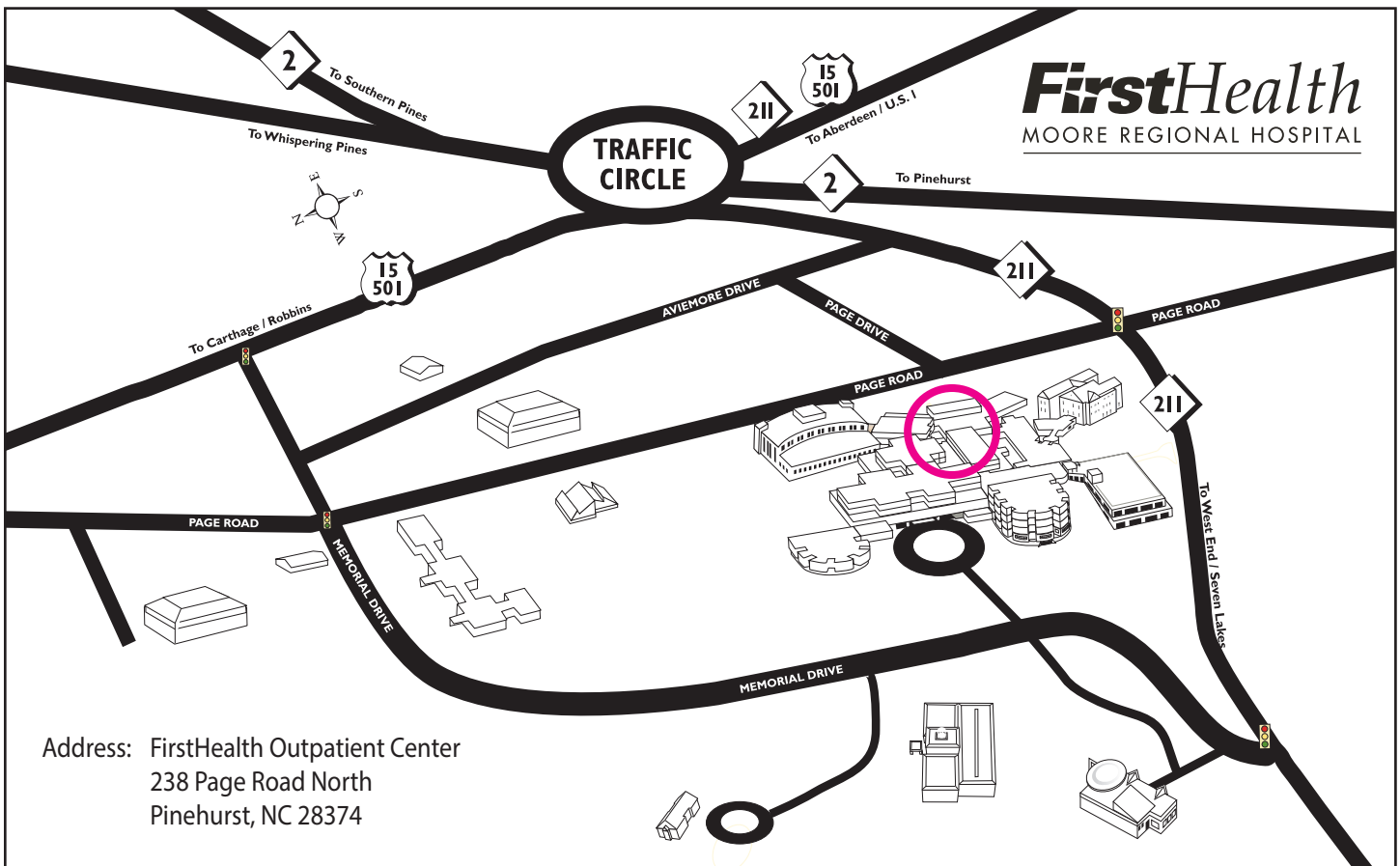
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Endobronchial Ultrasound (EBUS)

Chest Center of the Carolinas

120 Page Road North • Pinehurst, NC 28374

(910) 715-5326
(866) 268-3229

Fax (910) 715-2250

Patient Information

Patient's Name _____

Date of Birth _____

Patient's Address _____

Patient's Daytime Phone _____ Patient Cell Phone _____

Insurance Information _____

Referring Physician _____

Referring Physician Phone _____ Referring Physician Fax _____

Consultation / Clinic Visit *Please fax all notes with referral form.*

Diagnosis or problem(s): _____

Previous tests done pertinent to problem (*patient will need to bring a copy of CT on disc if not done at Pinehurst Medical Clinic or FirstHealth facilities*):

CT Scans Yes No

Labs Yes No

PFT Yes No

Ultrasounds Yes No

X-rays Yes No

Other _____

Is patient on blood thinners? Yes No If yes, please list: _____

Is patient on dialysis? Yes No Please list day(s) of dialysis: _____

Other special patient needs (ex: oxygen, wheelchair, stretcher, assistance walking): _____
