

Patient Information and Consent to: Gastroscopy

Information pack code: END/GAS/0421

(Reference=Department – 3 letters / Procedure – 3 letters / month & date for review – 4 numbers)

A	<p>About Gastroscopy</p> <p>Gastroscopy is an examination of the upper gut, which is the oesophagus (gullet), the stomach and duodenum (part of the small intestine joining the stomach). The procedure involves passing a narrow flexible instrument through the mouth, into the gullet (oesophagus) and then into the stomach and duodenum to examine the lining. This allows us to see if there are any problems such as ulcers or inflammation. The procedure can take between 5 and 15 minutes. If it takes longer please do not worry.</p> <p>Sometimes it is helpful for diagnosis to take a sample (biopsy) of the lining of the bowel or stomach. A small instrument, called forceps, passes through the scope to 'pinch' out a tiny bit of the lining (about the size of a pinhead). This sample is sent to the laboratory for analysis. Most people find this completely painless.</p>
B	<p>Intended Benefits</p>
	<p>Gastroscopy is used to assist in the diagnosis and treatment of upper gastrointestinal symptoms; to take biopsies and remove polyps. In some patient's Gastroscopy is used for screening and as an aid in the follow up care and management of patients with other gastrointestinal conditions.</p>
C	<p>Who will perform my procedure / treatment?</p>
	<p>Your procedure will be carried out by a qualified endoscopist, this is usually a consultant but occasionally your procedure will be performed by one of the specialist GP's who visit the department.</p> <p>All trainees are supervised by a competent endoscopist who is trained to teach the procedure.</p>
D	<p>Alternative procedures or treatments that are available</p>
	<p>Occasionally X-ray tests may be ordered if either test is unsuitable for you.</p>
E	<p>Significant, unavoidable or frequently occurring risks of this procedure / treatment</p>
	<p>Diagnostic gastroscopy procedures carry a very small risk (one in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. There may be a slight risk to teeth, crowns or dental bridgework. You should tell the nurses if you have any of these. Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative drugs.</p>

F	<p>What will happen before your procedure You can withdraw consent to the procedure at any time as long as it at a point where it is safe to do so.</p>
	<p>Wear loose fitting washable clothing and leave valuables at home. On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedure at any time. At this time we will discuss sedation options with you these are:</p> <p>1. No Sedation Option:</p> <ul style="list-style-type: none"> • We will spray a local anaesthetic to the back of your throat. This will make it numb so that you cannot feel the gastroscope. The numbness will last for about half an hour. • The advantage is that you can leave as soon as the procedure is finished and you have talked to the endoscopist. You may resume your normal activities such as working and driving. You will be fully aware of the procedure; most patients find this acceptable. <p>2. Intravenous Sedation Option:</p> <ul style="list-style-type: none"> • We will give you an injection into a vein to make you feel relaxed and sleepy but not unconscious (this is not a general anaesthetic). This option means you may not be aware of the procedure. The disadvantages to this option are: • You will need to stay whilst you recover which may take up to an hour or more. • You will need to be escorted home. • The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.
	<p>Smokers are strongly advised to stop smoking before this procedure. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169</p>
G	<p>What will happen during your procedure</p>
	<p>In the procedure room, we will ask you to remove false teeth, glasses and hearing aids in the left ear. We will make you comfortable on a couch lying on your left side. The endoscopist will give you the injection and/or throat spray. We will put a plastic guard into your mouth so that you do not bite and damage our instrument. We will also put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. For your comfort and reassurance, a trained nurse will stay with you throughout.</p> <p>If applicable, after the sedative, we may give you oxygen through a sponge in your nose and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. The sedative will make you relaxed and drowsy; it will not put you to sleep. As the gastroscope goes through your mouth you may gag slightly, this is quite normal and will not interfere with your breathing. During the procedure, we will put some air into your stomach so that we have a clear view; this may make you burp and belch a little. This is also quite normal but some people find this unpleasant. We will remove the air at the end of the procedure.</p>

	Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable we will stop the procedure.
H	What will happen after the procedure
	<p>If you are given a throat spray you may go home immediately after the procedure. We advise you not to have anything to eat or drink until the numbness has worn off, which is usually about half an hour. After this, you can eat and drink normally.</p> <p>If you have sedation, we will take you to a recovery area while the sedation wears off. When you are sufficiently awake, we will give you a drink, you can then go home; this maybe up to an hour following the procedure.</p> <p>Afterwards, the back of your throat may feel sore for the rest of the day and you may feel bloated if some of the air remains in your stomach. Both these discomforts will pass and need no medication.</p> <p>The nurse or endoscopist will then escort you into one of the interview rooms and inform you of the results of the test. We advise at this point to have someone accompany you into the discharge room as due to the medication you may not fully remember all the information given to you.</p>
I	Eating and drinking
	When you are sufficiently awake we will get you a drink and something to eat. Once discharged you can eat and drink as normal.
J	Getting about after the procedure
	If you have sedation we advise that you take the lift down to the lower floor (at Kings Lynn hospital) as due to the medication you may feel slightly dizzy and have reduced awareness.
K	Leaving Hospital
	If you have sedation it is essential that you are escorted home by a responsible adult who will need to attend the unit to collect you, unless you are on hospital transport. If you have no sedation you may leave once your discharge paperwork has been completed.
L	Resuming normal activities including work
	If you have sedation we advise that you refrain from normal activities for 24 hours after the procedure due to the medication. If you have the test without sedation you can resume your normal activities.
M	Special measures after the procedure
	<p>If sedation is given we advise you not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. We also advise you to have a responsible adult stay with you for the next 12 hours. If you have no sedation no special measures are required.</p> <p>If you experience any of the following please contact your GP, the Endoscopy Department 01553 613760 within working hours 0800-1800 or the Emergency Department for further advice:</p> <ul style="list-style-type: none"> • severe pain • black tarry stools • persistent bleeding

N	Anticoagulant –Blood thinning medications
	<p>Oral Anticoagulants include: Warfarin, Apixaban-(Eliquis), Dabigatran- (Pradaxa) and Rivaroxiban-(Xarelto) or similar Anticoagulant drugs.</p> <p>Antiplatelet Drugs include: Aspirin, Clopidigrel-(Plavix), Ticagrelor-(Brilique), Prasugrel-(Efient), Dipyridamole-(Persantin) and Tirofiban-(Aggrastat) or similar Antiplatelet drugs.</p> <p>If you are on any anticoagulation and or antiplatelet medications please: advise the endoscopy unit on 01553 613192. Your consultant will advise the coagulation team if the Warfarin or other medication needs to be stopped and the clinic will be in touch to arrange this. Instructions will be given regarding the starting of the medications after the procedure by the coagulation team and your consultant.</p>
O	Check-ups and results
	<p>Where possible all results will be given on the day of your procedure, however if biopsies are taken these can take up to a week for results. You will be notified by letter or at an out patients appointment of the results. All follow up appointments will be sent through the post.</p>
P	Information and Support
	<p>Please feel free to speak to a member of staff if you have any questions or anxieties. If you have special needs such as learning disability or cognitive impairment we have specialist staff that can support you. Please let us know. Endoscopy Department Tel: 01553 613760</p> <p>FURTHER INFORMATION can be Obtained from these websites:</p> <div data-bbox="839 1140 1287 1270" style="border: 1px solid black; padding: 5px;"> <p>www.dvtsafetyzone.co.uk/ www.nice.org.uk/ www.patient.co.uk/</p> </div>
Q	Privacy and Dignity
	<p>We will always do our best to respect your privacy and dignity, such as the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.</p>
R	Help with this leaflet or communicating with staff
	<p>If you would like help with this or any other information; in large print, in audio format or need assistance with translation / language services please ask the department staff.</p>
S	Patient Advice and Liaison Service
	<p>If you have any concerns or queries about the hospital, your treatment or need support or assistance, please contact our Patient Advice and Liaison Service. They are here to help. Tel: 01553 613351 / 01553 613343 Email: pals@gehkl.nhs.uk</p>
	<p>References: Addenbrookes Gastroscopy patient leaflet http://www.cuh.org.uk/addenbrookes/patients/patient_information/patient_information_index.html</p>

FORM 1 & 2 (Adults and competent children & parental agreement to investigation)	
Consent For : Gastroscopy	Addressograph Surname: First names: Date of birth: Hospital number:
Responsible Consultant:	Add below special requirements specific to this patient e.g. help with communication/learning disability/cognitive impairment:
A	Statement of health professional
1	<p>I confirm I am a health professional with an appropriate knowledge of the proposed procedure</p> <p><input type="checkbox"/> The patient has been provided with the procedure specific patient information leaflet reference number QEH: END/GAS/0421</p> <p><input type="checkbox"/> EIDO other details: <input style="width: 500px; height: 20px;" type="text"/></p> <p><input type="checkbox"/> The patient has been offered the information about the procedure but this has been declined</p> <p>I have explained the procedure to the patient including the following which are described in the above procedure specific patient information leaflet:</p> <p>The intended benefits: Gastroscopy is used to assist in the diagnosis and treatment of upper gastrointestinal symptoms and to take biopsies.</p> <p>Serious or frequently occurring risks: As listed in the patient information sheet Whilst this examination is usually a safe procedure there are, as with any procedure, associated risks-These are:</p> <ul style="list-style-type: none"> • Bloating of the abdomen and slight discomfort, a slight risk to teeth, crowns or dental bridgework and a sore throat for a short time. • (One in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary. • Aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) • A possible adverse reaction to the intravenous sedative drugs. • If anaesthetic throat spray is administered you should not eat or drink until your throat feels normal (at least half an hour after the procedure).

	<p>I have also discussed what the treatment / procedure is likely to involve</p> <p>Any extra procedures that might become necessary during the procedure such as:</p> <p><input type="checkbox"/> Photographs</p> <p><input type="checkbox"/> Blood transfusion</p> <p><input type="checkbox"/> Other procedure (please state): Surgery if complications arise</p>	
	<p><input type="checkbox"/> See also advance directive / living will (e.g. Jehovah`s Witness form)</p>	
2	<p>Side for procedure (Circle)</p>	
	<p>LEFT / RIGHT / N/A</p>	
3	<p>Confirmation of Mental Capacity</p>	
	<p>I confirm that the patient: (please tick)</p> <p><input type="checkbox"/> Is able to <i>comprehend</i> the information and <i>retain</i> it long enough to make the decision</p> <p><input type="checkbox"/> Is able to <i>use</i> this information <i>to make a decision</i></p> <p><input type="checkbox"/> Is able to <i>communicate</i> the decision</p> <p>If necessary, clarify your reasoning in the patient record</p> <p>If the answer is no to any of these questions please use consent form 4 `Form for adults who are unable to consent to investigation or treatment` and complete a full mental capacity assessment.</p> <p><i>Advice on patient capacity can be found in the `Consent to Examination or Treatment Policy` or can be obtained from the Mental Health Liaison nurses or Clinical Psychology dept.</i></p>	
4	<p>Anaesthesia/Sedation</p>	
	<p>This procedure will involve: (please tick)</p>	
	<p><input type="checkbox"/> General and / or regional anaesthesia</p>	<p><input type="checkbox"/> Sedation</p>
	<p><input type="checkbox"/> Local anaesthesia</p>	<p><input type="checkbox"/> None</p>
	<p><input type="checkbox"/> ENTONOX nitrous oxide/oxygen mixture</p>	<p><input type="checkbox"/></p>

5	<p>Signed (Health professional).....</p> <p>Name (Print).....Designation.....</p>
B	Confirmation of consent
	<p>Confirmation of consent (where the treatment / procedure has been discussed in advance). On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead</p> <p>Signed (Health professional).....Date.....</p> <p>Name (PRINT).....Job title.....</p> <p>Please initial to confirm all sections have been completed.....</p> <p>(In an emergency situation this may not be the consultant undertaking the procedure)</p>
C	Consent of patient / person with parental responsibility
1	I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding
2	I have understood the Information provided to me about this procedure and am in receipt of the patient information leaflet recorded overleaf
	I agree to the procedure or course of treatment
3	Patient to initial on the receipt of leaflet: <div style="border: 1px solid black; width: 400px; height: 30px; margin-left: 300px;"></div>
4	I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
5	I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this (This only applies to patients having general or regional anaesthesia)
6	I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health
7	I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion:

8	<p>Patient's signature.....Date.....</p> <p>Name (PRINT).....</p>
D	Consent of person with parental responsibility (for children under age 16 only)
1	<p>I confirm I am a person with parental responsibility for the patient named on this form</p> <p>SignedDate.....</p> <p>Relationship to patient.....</p>
2	<p><i>If the patient is competent but unable to sign and has indicated his/her consent, a witness should sign below.</i></p> <p>Signed (Witness).....Date.....</p> <p>Name of witness (PRINT).....</p> <p>Address:.....</p>
E	Interpreter or advocate's statement (If appropriate)
	<p>I have interpreted the information to the best of my ability and in a way in which I believe the patient can understand:</p> <p>Signed (Interpreter).....Date.....</p> <p>Name (PRINT).....</p> <p>Or please note the language line reference ID number.....</p>
F	Withdrawal of patient consent
	<p><input type="checkbox"/> The patient has withdrawn consent (ask patient to sign and date here)</p> <p>Signed (Patient).....Date.....</p>