**Lines for recording**

**Recording 1.1**

Hello, I am a gastroenterology doctor and endoscopist. I will now explain to you the procedure you are about to have. During this video I will also ask you a number of questions to ensure that you have understood the information that I am giving. Please answer any questions by selecting the green button for ‘yes’ or the red button for ‘no’. There may also be an orange button at times. Press this button if you are ever unsure or have questions you wish to ask about the question being asked. The buttons will appear on the screen when I ask my questions. All your answers will be shared with your doctor or nurse so they know that you have understood the information, what your preference are during the procedure and whether you have any further questions. We will not be storing any personal information about you. If you have indicated that you have further questions, your doctor or nurse will call an interpreter over the phone so they can answer your queries. Please do not sign the consent form until all your questions have been answered and you are happy to go ahead with the procedure.

**Recording 1.2**

You have been brought here today for an oesophagogastroduodenoscopy, or OGD for short. This involves a camera on the end of a long flexible tube being inserted into your mouth, down your throat and stomach and finally into the first part of your small bowel called the duodenum. It will allow the endoscopist to have a look in the upper part of your gut to identify the cause of your symptoms.

**Recording 1.2.1**

They will be able to take photos, take small samples of tissue, known as a biopsy, and maybe even apply some treatment depending on what they find. You will not feel the biopsies being taken.

**Recording 1.2.2**

Do you understand everything so far? Press green for yes, red for no. If you are not sure or have questions then please press the orange button.

**Recording 1.3**

Before the procedure, you will be asked to place a mouthguard in your mouth to bite down on. The nurse in the room will secure it around the back of your head. This protects both the camera and your teeth.

The procedure is very well tolerated and does not hurt, although it can be a little uncomfortable as the camera enters your food pipe, or the oesophagus. We can offer you a spray which numbs the back of your throat to help with this. It will make you feel as though you can no longer swallow which can make you feel panicked but try to remain calm as this is normal and means that the spray is working.

**Recording 1.4**

Would you like throat spray? Press green for yes, red for no. If you are not sure or have questions then please press the orange button.

**Recording 1.5**

We can also offer you sedation medications to make you feel more relaxed and sleepy during the procedure. The medications used will be a painkiller and a relaxant which will be given through a small tube called a cannula in your arm. Some patients fall asleep with these medications although you will still remain alert enough to let the endoscopist know if you are uncomfortable or wish to stop. You must have someone with you to take you home if you choose this option and you should also have someone with you at home for 24 hours after your procedure. If you choose to have sedation medications you will remain in the department for about 45 minutes after the procedure until the sedation has started to wear off. Sedation is generally safe but in some people it can cause low blood pressure or oxygen levels in the blood to drop. We will monitor these and give you oxygen throughout the procedure. We can also reverse the effects of the drug if needed.

**Recording 1.6**

Would you like to have sedation? Press green for yes, red for no. If you are not sure or have questions then please press the orange button.

**Recording 1.6.1**

Do you have someone collecting you today? Press green for yes, red for no. If you are not sure or have questions then please press the orange button.

**Recording 1.6.2**

Will you have someone with you for the next 24 hours at home? Press green for yes, red for no. If you are not sure or have questions then please press the orange button.

**Recording 1.7**

This is a safe, short procedure and you can go home afterwards. However, there are some risks associated with this type of procedure. We can cause bleeding or a hole in your gut during the camera test. If this happens we are able to recognise any bleeding or holes immediately and most of the time treat these during the procedure. If either of these were to happen you would most likely need to stay in hospital for observation and possibly require a blood transfusion. In very rare occasions, surgery might also be needed to treat a large hole. This is extremely uncommon and we do not expect this to occur which is why these tests occur everyday with patients coming in and going home on the same day.

**Recording 1.8**

During the OGD, you could also vomit which is why we have asked you not to eat for 6 hours as this reduces the risk of this happening. As the test is carried out while you are lying down with a camera in your mouth, if you were you to vomit stomach content could trickle into your lungs causing a chest infection which may require antibiotics or you being admitted to hospital. Again, this is an uncommon complication.

**Recording 1.9**

Endoscopy is the gold standard method of finding intestinal abnormalities however, lesions can still be missed despite our best efforts during the procedure.

**Recording 1.10**

Do you understand these risks? Press green for yes, red for no. If you are not sure or have questions then please press the orange button.

**Recording 1.11**

The procedure will take about 5-10 minutes from start to finish, although it can take longer, and you can ask the endoscopist to stop at any point. If it is unsafe to continue - for example if your stomach is full of food - then the endoscopist may also have to stop the procedure.

**Recording 1.12**

Before we proceed, do you have anything more you would like to ask? Press green for yes and red for no.

**Recording 1.13**

Thank you, please give the tablet back to your doctor or nurse. If you have agreed to the procedure, please sign the form given to you. If you have further questions, do not sign the form until an interpreter has been called.

**Recording 2.1**

You have been brought here today for a flexible sigmoidoscopy. This involves a camera on the end of a long flexible tube being inserted into your bottom to allow the endoscopist to have a look at the last third of your large bowel to identify the cause of your symptoms.

**Recording 2.2**

The procedure is very well tolerated and should not hurt, although it can be a little uncomfortable at certain points where there are bends in your bowel or due to the gas that is being inflated by the endoscopist through the camera. Please release the gas as much as you need to as it will help you feel comfortable which in turn helps the doctor. Do not feel embarrassed to do this, we are used to it and it really does help.

**Recording 2.3**

During the procedure you may be asked to roll on to different sides of your body to help the endoscopist perform the procedure.

**Recording 2.4**

The procedure should take about 10-15 minutes from start to finish, although it can take longer, and you can ask the endoscopist to stop at any point if you are uncomfortable.

**Recording 2.4.1**

If the endoscopist is unable to continue, for example if your bowel is full of poo, known as stool, then the doctor may have to stop the procedure.

**Recording 3.1**

You have been brought here today for a colonoscopy. This involves a camera on the end of a long flexible tube being inserted into your bottom to allow the endoscopist to have a look at the whole of your large bowel and the final part of your small bowel to identify the cause of your symptoms.

**Recording 3.2**

The procedure should take about 10-20 minutes from start to finish, although it can take longer, and you can ask the endoscopist to stop at any point if you are uncomfortable.