

GASTROSCOPY REPORT

Name: **Ogd 7 Nedtest (Female)**
 Date of birth: **01/01/1944 (80)**
 NHS No: **309 321 709**
 Hospital no: **XX00002331**

Address: **Waverley Gate
 40 Waterloo Place
 Edinburgh
 EH1 3EG**

GP: **Dr S AGARWAL
 ABERCYNON HEALTH CENTRE
 HEALTH CENTRE,
 YNYSMEURIG ROAD,
 ABERCYNON,
 MID GLAMORGAN,
 CF45 4YB**

Procedure Date:
 Priority:
 Status:
 Referring Cons:
**Routine
 Outpatient
 GP**

Indications

Anaemia-Anaemia - other
 Allergies: none
 Previous surgery: gastroscopy
 ASA Status: ASA II - Patient has mild systemic disease
 Previous diseases: Coeliac disease

Consultant/Endoscopist

List Consultant: Mr Mark Coull
 Endoscopist No1: Mr Mark Coull
 Nurses: . Jerry Bohun
 mr Huss Dow

Procedure not carried out

Patient cancelled

Report

Pre-procedure checklist completed
 The patient has given consent
 Insufflation gas - Carbon dioxide.

Site 1: GOJ

- Therapeutic procedure(s):

Clip : performed 2 procedures and 2 were successful.
 Bicap electrocautery: Gold Probe.
 Band ligation performed 2 procedures and 2 were successful.
 Balloon Dilation.
 Endoloop placement.
 Endoloop placement.: using EMR fluid.



Mr Mark Coull, Imported
 Consultant Physician
 c.c. Ogd 7 Nedtest;
 Mr ADEYEMO;

Dr S AGARWAL

Report sent electronically to:
 Referring Consultant

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Patient Report

Procedure: Gastroscopy

Procedure Date:

Procedure Completed: No

Medication:

Results:

Follow-Up:

Clinical: _____

Date & Time of appointment: _____ / _____

- ☐ No further followup or procedure required
- ☐ Follow up to follow in the post
- ☐ Discharge to GP

If you have any questions please ask the nursing staff who will be happy to explain anything you are unclear about. If you have any further concerns please phone QLQLQLQLQLQLQLQLQ

Signature

Name and Designation

- ☐ You have been given an information leaflet
- ☐ You have been referred to a Clinical Nurse Specialist
- ☐ You have been spoken to by the Endoscopist regarding your diagnosis
- ☐ A clinical appointment with your consultant has been made for you