

GASTROSCOPY REPORT

Ogd 7 Nedtest (Female) Name:

Date of birth: 01/01/1944 (80) 309 321 709 NHS No:

XX00002331 Hospital no:

Address:

Waverley Gate 40 Waterloo Place

Edinburgh EH1 3EG

Priority:

Status:

Procedure Date:

Referring Cons:

GP: Dr S AGARWAL

ABERCYNON HEALTH CENTREABERCYNON

HEALTH CENTRE, YNYSMEURIG ROAD,

ABERCYNON, MID GLAMORGAN,

CF45 4YB

Indications

Abdominal mass and PEJ placement Co-morbidity: Cardiac defibrillator

Allergies: none

Previous surgery: gastroscopy

ASA Status: ASA II - Patient has mild systemic disease

Previous diseases: Coeliac disease

Family history: Family history of colorectal cancer (unspecified)

Report

Pre-procedure checklist completed

The patient has given consent

Insufflation gas - Carbon dioxide.

The apparent mucosal junction: 1 cm J manoeuvre performed. The procedure was completed successfully to the Anastomosis but limited by benign stricture. Patient Sedation - Awake.

Procedure discomfort - Mild: More than 2 episodes of discomfort without

Adverse events: None.

Diagnoses

distress.

Whole upper gastro-intestinal tract normal.

Follow up

No further tests required.

Pathway plan

Patient informed? No Evidence of cancer? Unknown CNS/MDTC informed No

Consultant/Endoscopist

26 Aug 2024 (12:07 - 13:00)

Routine

GP

Day Patient

List Consultant: Mr Mark Coull Endoscopist No1: Mr Mark Coull Endoscopist No2: Mr Luke Dugan

Nurses: . Jerry Bohun

Mr Luke Dugan

Instrument GA870 - 933762 GS 220 - 01000245

Drugs No sedation/premedication

Mr Mark Coull, Imported Consultant Physician Mr Luke Dugan Consultant Physician



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Patient Report

Procedure:	Gastroscopy		
Procedure Date:	26 Aug 2024 (12:07 - 13:00)		
Procedure Completed:	No		
Medication:			
Results:			
Follow-Up:			
			No futher followup or procedure required
Clinical:			Follow up to follow in the post
Date &Time of appointn	nent:		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			