

# 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: **08 Jul 2024 (12:41 - 14:00)**  
 Priority: **Routine**  
 Status: **Day Patient**  
 Referring Cons: **GP**

## Indications

PEJ placement and Nausea  
 Co-morbidity: Cardiac defibrillator  
 The patient is taking anti-coagulant or anti-platelet medication.  
 Anti-Coagulant drug(s): Acenocoumarol  
 Potentially Significant drugs(s): Indomethacin  
 Allergies: none  
 Previous surgery: gastroscopy  
 ASA Status: ASA II - Patient has mild systemic disease  
 Previous diseases: Coeliac disease  
 Family history: No risk

## Consultant/Endoscopist

List Consultant: Mr Lee Knapp  
 Endoscopist No1: Mr Luke Dugan  
 Endoscopist No2: Mr Simon McAllister  
 Nurses: . Jerry Bohun  
 Mr Luke Dugan

## Instrument

GA870 - 933762

## Drugs

No sedation/premedication

## Report

The apparent mucosal junction: 2 cm J manoeuvre performed. The procedure was completed successfully to the D3.  
 Patient Sedation - Awake.  
 Procedure discomfort - No Discomfort: talking / comfortable throughout.  
 Patient Management: Pulse oximetry.  
 Adverse events: Blood transfusion, drug reaction and consent signed in room.

## Diagnoses

Whole upper gastro-intestinal tract normal.

## Medication

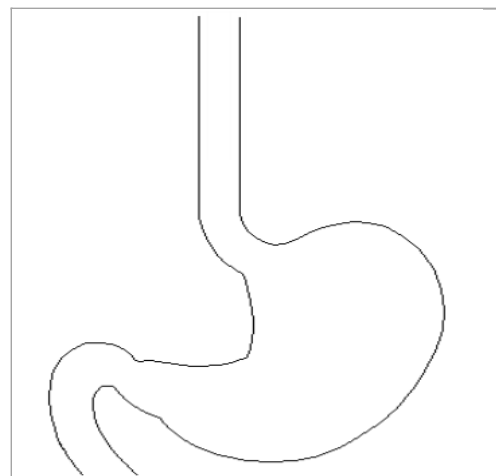
Omeprazole 20mg Oral was prescribed.

## Follow up

No further tests required.

## Pathway plan

Patient informed? No  
 Evidence of cancer? Yes (Cancer diagnosed, patient informed, click stop 28 day pathway)  
 CNS/MDTC informed No



Mr Luke Dugan  
 Consultant Physician

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### Patient Report

**Procedure:** Gastroscopy

**Procedure Date:** 08 Jul 2024 (12:41 - 14:00)

**Procedure Completed:** Yes (limited)

**Medication:** Omeprazole 20mg Oral was prescribed.

**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