

COLONOSCOPY 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: **07 Oct 2024 (14:07 - 15:07)**
 Priority: **Routine**
 Status: **Outpatient**
 Referring Cons: **GP**

Indications

IBD surveillance- High, Abnormal sigmoidoscopy, Change in bowel habit - fluctuating/variable, Harder or less frequent stool - acute (<6w), Looser or more frequent stool - chronic (>6w) and Post polypectomy surveillance- High
 The patient is taking anti-coagulant or anti-platelet medication.

Allergies: none

ASA Status: Not assessed

Alcoholic: Stopped and Liquors 1 years ago, however alcholed 11 Peg per day for 1 yrs. Wine an average of 1 Peg per day for 1 yrs.

FIT result

FIT value unknown because FIT not done.

Report

Pre-procedure checklist completed

The patient has given consent.

Insufflation gas - Carbon dioxide.

The colonoscope was inserted via the anus to the Anastomosis, insertion confirmed by reasonable confidence and insertion limited by not limited.

Difficulties encountered: (none). The scope was retroflexed in the rectum.

Patient Management: Pulse oximetry

Patient Sedation - Awake.

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

Adverse events: Blood transfusion.

Site 1: An area wholly within the terminal ileum

- parasites, pneumatosis coli and "< 5mm in size".

Diagnoses

Parasites and pneumatosis coli.

Follow up

No further tests required.

Bowel preparation

No preparation.

Consultant/Endoscopist

List Consultant: Mr Marios Aresti

Endoscopist No1: Mr Marios Aresti

Nurses: . Jerry Bohun

Mr Mark Coull

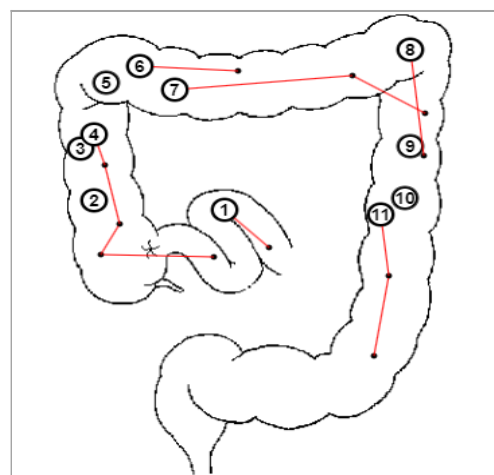
Instrument

Scope One

Access Via : left nostril

Drugs

No sedation/premedication



Mr Marios Aresti, Imported
 gret

COLONOSCOPY 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: **07 Oct 2024 (14:07 - 15:07)**
 Priority: **Routine**
 Status: **Outpatient**
 Referring Cons: **GP**

Indications

IBD surveillance- High, Abnormal sigmoidoscopy, Change in bowel habit - fluctuating/variable, Harder or less frequent stool - acute (<6w), Looser or more frequent stool - chronic (>6w) and Post polypectomy surveillance- High
 The patient is taking anti-coagulant or anti-platelet medication.

Allergies: none

ASA Status: Not assessed

Alcoholic: Stopped and Liquors 1 years ago, however alcholed 11 Peg per day for 1 yrs. Wine an average of 1 Peg per day for 1 yrs.

FIT result

FIT value unknown because FIT not done.

Report

Pre-procedure checklist completed

The patient has given consent.

Insufflation gas - Carbon dioxide.

The colonoscope was inserted via the anus to the Anastomosis, insertion confirmed by reasonable confidence and insertion limited by not limited.

Difficulties encountered: (none). The scope was retroflexed in the rectum.

Patient Management: Pulse oximetry

Patient Sedation - Awake.

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

Adverse events: Blood transfusion.

Site 1: An area wholly within the terminal ileum

- parasites, pneumatosis coli and "< 5mm in size".

Diagnoses

Parasites and pneumatosis coli.

Follow up

No further tests required.

Bowel preparation

No preparation.

Consultant/Endoscopist

List Consultant: Mr Marios Aresti

Endoscopist No1: Mr Marios Aresti

Nurses: . Jerry Bohun

Mr Mark Coull

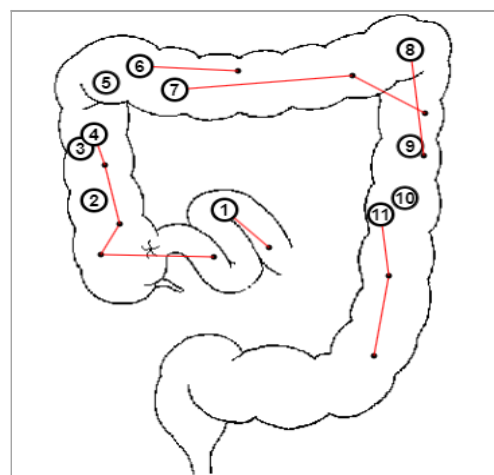
Instrument

Scope One

Access Via : left nostril

Drugs

No sedation/premedication



Mr Marios Aresti, Imported
 gret