Storyboard to Aid Nurse-Led Consent for **Diagnostic** Gastroscopy

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Notes for Nurses

- You are required to revalidate your competency to undertake consent on an annual basis (BSG 2016).

- Update yourself on national consent guidance (BSG, DH) and when notified of any changes.

- DOPS peer review annually – ask a colleague trained in consent to observe and feedback on your practice in taking consent.
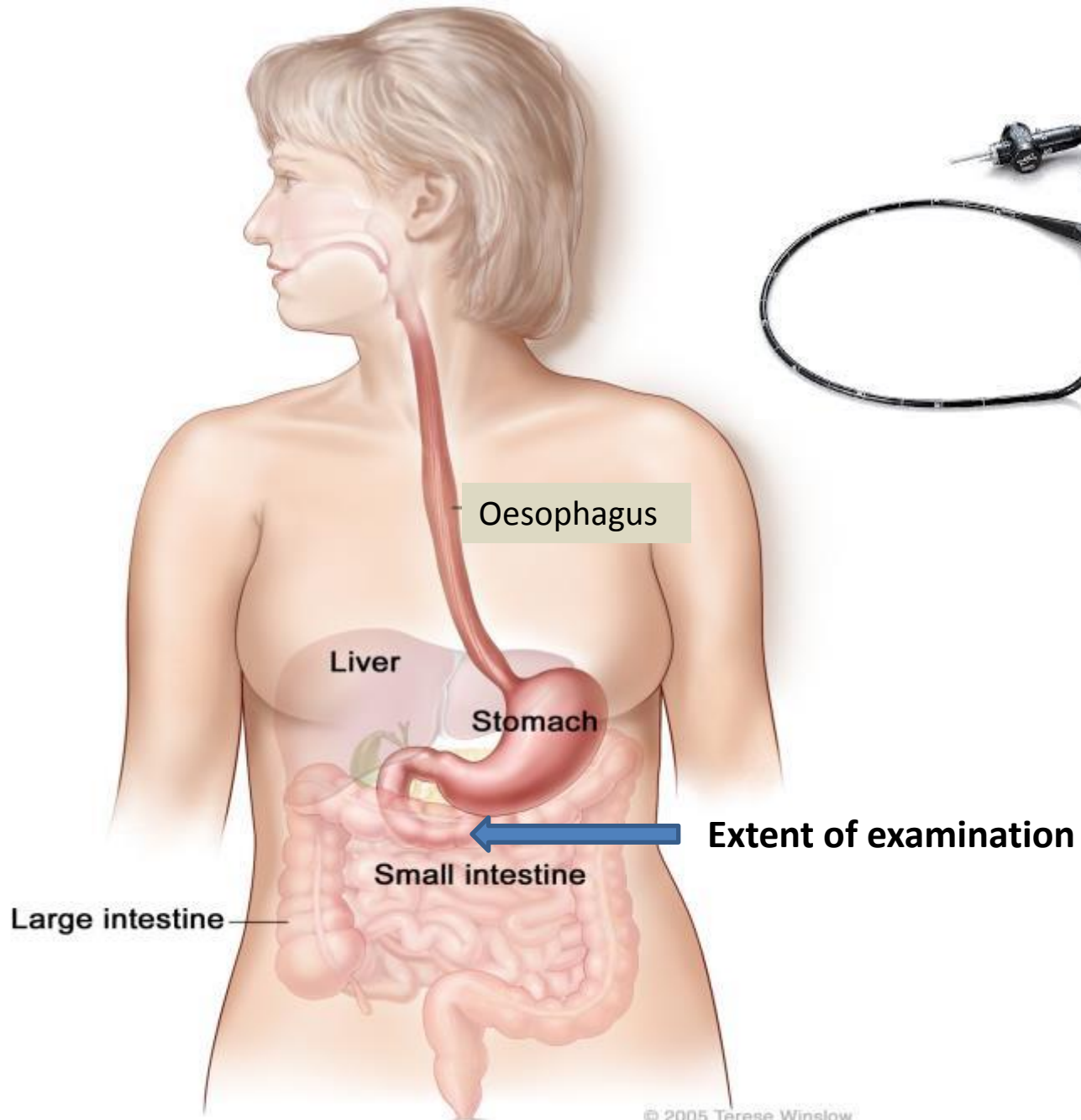
Risk is what the patient is concerned about

- Although we tell patients what the more common risks of the procedure are, remember that with the Montgomery ruling (2015) we should be mindful of and address anything that concerns the patient which may include the risk of death.

- ASK the patient 'Have you any concerns about having the procedure today?

- If the patient requests information on a risk not discussed this needs to be documented on the consent form.

- SO if you are not absolutely clear about the question the patient is asking then defer to the endoscopist to provide the answer don't guess.

EMBRACE

- A full **E**xplanation for the recommended procedure
- The **M**otivation or reasoning behind the medical
- recommendations
- The **B**enefits from undergoing the examination
- The possible **R**isks involved
- What **A**lternatives are available – including doing nothing
- What **C**omplications may occur (and where possible their
- frequency)
- Any possible side **E**ffects – particularly of any
- sedation/analgesics to be given

PATIENT STORYBOARD

Oesophagus

Liver

Stomach

Small intestine

Large intestine

Extent of examination

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BENEFITS

- To exclude a cause for your symptoms by directly visualising the mucosa (lining) of the oesophagus, stomach and duodenum and taking biopsies (samples) and photographs where required.

- To help plan the management and treatment of any findings.

- Where the test is normal it will reassure and help both you and your doctor plan the best way to manage your symptoms and/or any further investigations.

ALTERNATIVES

- If you tried the procedure unsedated then we can attempt the procedure with sedation (on the day or rebook if no aftercare arrangements)

- Undertake under general anaesthetic. This would only be undertaken following discussion with a consultant as it carries additional risks.

- Barium Swallow/Barium Meal – Which will outline and identify any gross abnormality but does not obviously allow any direct visualisation or biopsies.

- Doing nothing – monitor your symptoms

RISKS/COMPLICATIONS

- **Sore throat**. Very common. This can be minimised by focusing on your breathing which helps prevent excessive retching and relaxes the muscles in the neck and the shoulders.

- **Perforation** Rare approx1:10,000. Making a hole or tear in the oesophagus stomach or duodenum which may require a stay in hospital and/or an operation.

- **Bleeding**. Very rarely requiring active intervention. Risk assessed against medical history including medications that thin the blood.

- **Anaphylactic reactions to topical anaesthesia.** Extremely rare

- **Reaction to intravenous medications (cardiopulmonary or anaphylactic).** Rare but access directly into the vein, titration of medication, monitoring of vital signs and availability of reversal agents mean that this can be managed.

- **Dental Damage.** Rare but may occur if you bite down too hard on the plastic mouthguard used to protect your teeth and the endoscope.

- **Aspiration of stomach contents:** Rare but can occur if there are residual stomach contents at the time of the procedure. Hence the need to fast before.

AFTER THE PROCEDURE

- You will receive a copy of your report so that you know what has been found and a copy will also be sent to your referring doctor and if this is not your GP to them also.

- Any samples taken go to the laboratory and may take 2 weeks to come back to the doctor for review.

- Before discharge you will be told what the immediate management plan is and how you will be informed of any results.

- You will be given details of the numbers to contact if you are at all concerned immediately following your procedure.

Do you have

Any Questions

or

Any Concerns

About your procedure?