

Student workbook

Mentor.....

Buddy

Welcome

This endoscopy suite opened in July 2007 and treats approximately 12,000+ patients per year. We offer a range of procedures that diagnose and treat specialist conditions in the gastrointestinal (GI) tract and lungs.

This busy unit runs morning and afternoon sessions throughout weekdays, and morning sessions during the weekend. An on-call team also treats emergencies 24/7. The unit comprises of 6 treatment rooms, an 11 bay recovery room; reception and 2 waiting areas.

We are very proud to say that this department is one of the few training centres in the South. The decontamination facility here is one of the best in the country and is recognised as a reference site for decontamination equipment manufacturers.

This pack has been put together to help assist your learning opportunities during your time here. As with most aspects of nursing, there are always new things to see and learn, and that is what makes endoscopy fun.

You will be assigned a mentor and buddy to help and guide you. They are your first point of contact for any learning needs, concerns or problems that may arise. You may not be working with these people all the time but rest assured; we are all here to help so it is essential that you ask questions if you are unsure of anything. Finally, please speak out if you are unable to meet your learning objectives as it can be very busy and we do want you to get the most out of your time with us.

USEFUL INFORMATION

Whilst on placement here you will be expected to work a full time working week, which is from 8am – 6pm, 4 days a week. This would usually be during Monday to Friday but the option would be available for you to work on a weekend if you wish. We do however advise that you arrive at least 10 minutes beforehand as we start each day with a staff meeting in the recovery area.

The provision of lunch break is half an hour, after the completion of the morning session. If you are going to be late for work, or sick during your placement you must contact the ward on 02381204392 at the first available opportunity, as well as your university. If students fail to attend placement without informing the department, we have a requirement to escalate non-attendees to the university/college provider.

All policies, guidelines and protocols are in the Sisters office, and off duty will be in a blue folder in the co-ordinators office. Please check with the student link for any requests or changes. If there are any reasonable adjustments that need to be made we can accommodate this if needed.

Useful numbers:

Switchboard 100
Bleep services 15
Outside line 9
Emergency 2222
Security 3333
Endoscopy reception 4392
Endoscopy Nurse in charge 3186

Learning opportunities:

Motility services	Ask Sr Sally or Sr Anne (offices near rm 5)
Outpatient clinics	Upper GI nurse Donna Blp 1309 Colorectal specialist Sue Blp 2965 IBD specialist Louise Ext
Theatres	Complete the VLE induction and then book a day
GI dietician	Ext 1509
Decontamination team	Call 3759 to arrange
Bowel cancer screening programme	Speak to Sr Dee or Sr Iva to arrange this
MDT meetings Consultant clinics	Speak to the Consultant you want to work with and arrange
Research nurses (IBD)	Go through switchboard to get numbers

THE MULTI-DISCIPLINARY TEAM (MDT)

With a wide variety of healthcare professionals that work on this unit it would be hard to list them all individually. As time goes on you will get to know them all and the role that they have on this unit. They consist of respiratory, GI and liver consultants; upper GI and colo-rectal surgeons; upper and lower GI specialist nurses; registered nurses (RN's), healthcare assistants (HCA's), a decontamination team, a service manager and receptionist.

Above all, we all co-operate and work as part of a team with the patients' best interests at heart. We pride ourselves that 99 per cent of patients think the experience they receive far exceeds their expectations. People do not look forward to these procedures. Being able to help, assist and reassure

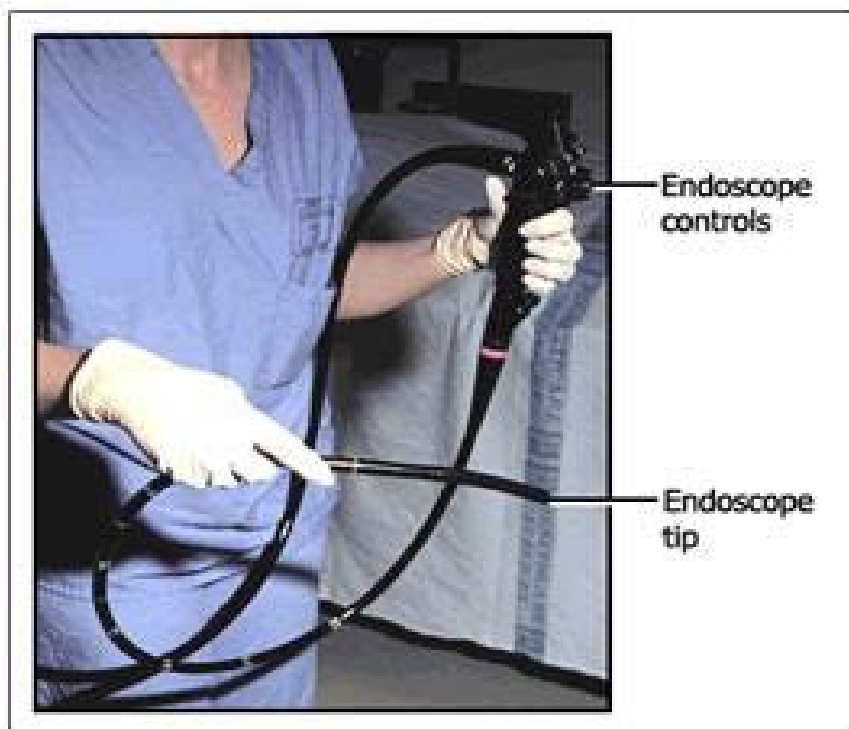
them whilst in this department ensures patient confidence and enables rapport.

SO, WHAT IS ENDOSCOPY?

An endoscopy is a procedure where the inside of your body is examined internally using an endoscope. There are three main types of endoscopy performed here, a gastroscopy, colonoscopy and bronchoscopy. All of which are explained further on, where basic explanations and an accompanying diagram help you to visualize each procedure.

Endoscope

An endoscope is a thin, long, flexible tube that has a light source and a fibre optic video camera at the tip. Images of the inside of your body are relayed to an external television screen where photos can be taken, or the procedure recorded.



Endoscopes come in various sizes depending on the procedure performed. They are inserted into the body's natural openings, such as your nose, throat, urethra or anus. The endoscopist holds the base unit with their left hand where they operate wheels that bend the tip. They can also blow air in and suction out to obtain clearer views. Their right hand is free to advance the scope, take biopsies and undertake various therapeutic treatments.

Diagnosis and investigation

An endoscopy can be used to confirm a diagnosis when other diagnostic tools such as an X-ray or MRI scan are thought to be unsuitable. An endoscopy can also be used to investigate known conditions in order to measure the extent of any problems that it may have caused. This can then help doctors decide the most suitable course of treatment for the patient.

- What conditions can an endoscopy find, diagnose/and treat?

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Biopsies

To help diagnose and treat these conditions, forceps can be passed down a small channel in the endoscope to obtain small tissue samples. These can then be tested for the presence of microscopic infections such as helicobacter pylori.

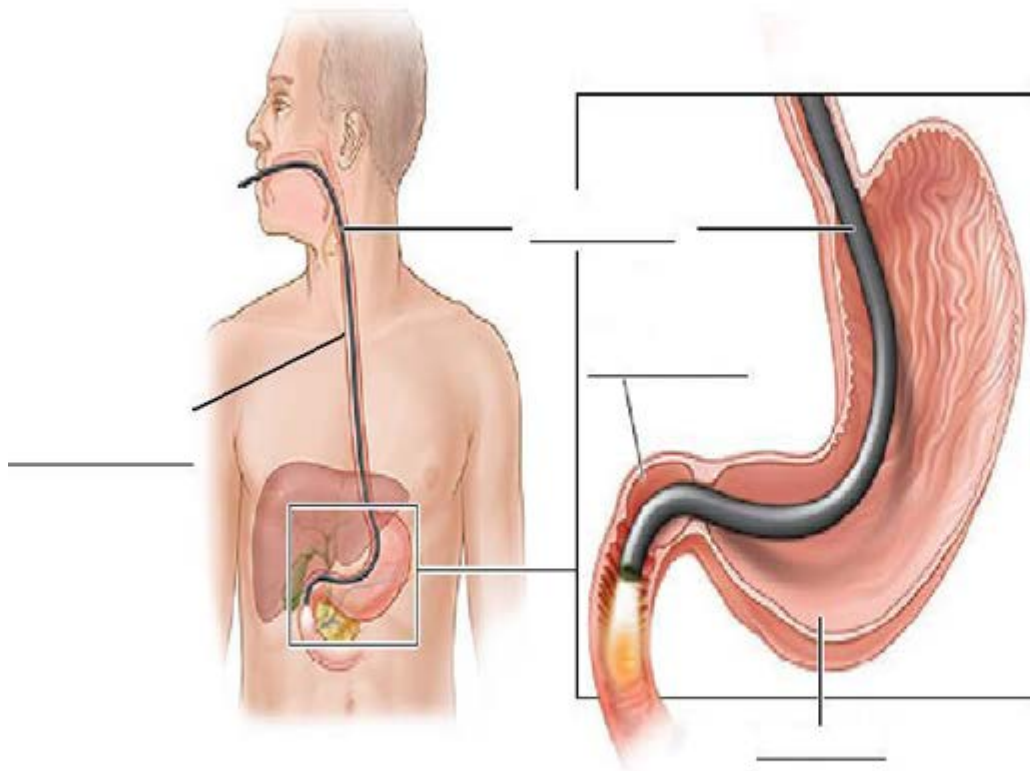
Endoscopies are particularly useful for carrying out biopsies in parts of the body that would otherwise require major surgery, such as the colon (large intestine) or the lungs.

GASTROSCOPY

A gastroscopy is a procedure that allows an endoscopist to look inside the oesophagus, stomach and the first part of the small bowel. A gastroscope enters through the mouth where it is swallowed and passed down the oesophagus into the stomach, and then into the duodenum.

A gastroscopy can help find out what causes symptoms such as indigestion, heartburn, repeated vomiting or vomiting blood, difficulty in swallowing, long-term abdominal pain, weight loss and anaemia. It is also used to check for certain GI conditions such as inflammation, ulcers, coeliac disease, Barrett's oesophagus and early signs of cancer.

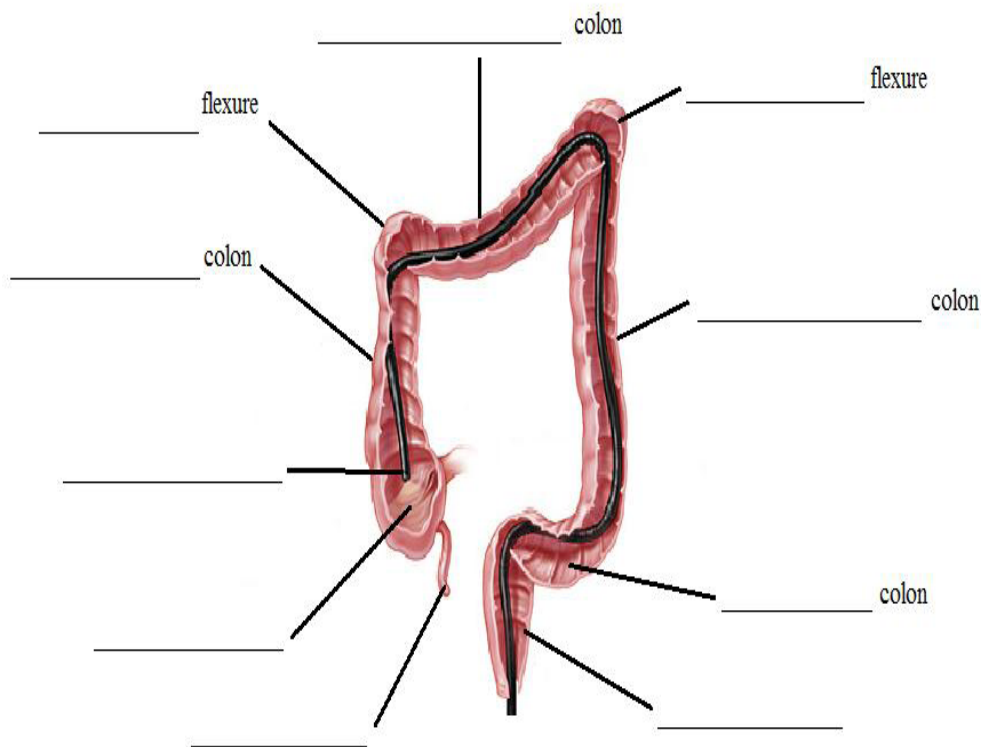
In emergencies, gastroscopies are also performed to stop gastric bleeding or remove any foreign bodies or blockages.



COLONOSCOPY

A colonoscopy is a procedure that allows an endoscopist to look inside the large bowel. A colonoscope is inserted into the colon through the anus (back passage) and passed to the furthest point, called the caecum. In some cases, they will also enter the small bowel, known as the terminal ileum (TI). A colonoscopy can help doctors find out what causes symptoms such as persistent diarrhoea or a change in bowel habit, bleeding from the rectum or blood in your faeces. These may be the result of inflammation caused by conditions such as ulcerative colitis or Crohn's disease, polyps (small

growths of tissue, sometimes called adenomas) or bowel cancer.



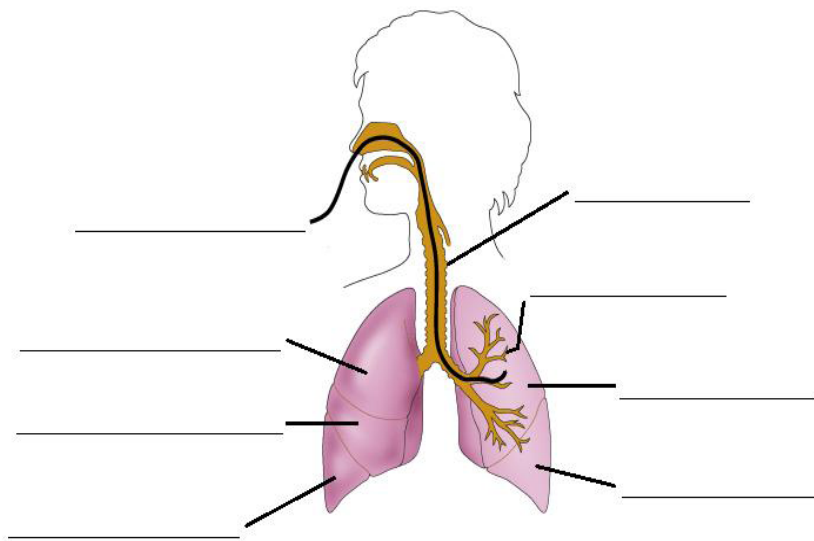
BRONCHOSCOPY

A bronchoscopy is a procedure that allows an endoscopist to look inside the lungs. A bronchoscope is entered through either the nose or mouth where it is passed down the trachea into the different lobes of the lungs.

A bronchoscopy can help doctors find out what causes symptoms such as a persistent cough, coughing up blood or if there are changes seen on an x-ray or other imaging test.

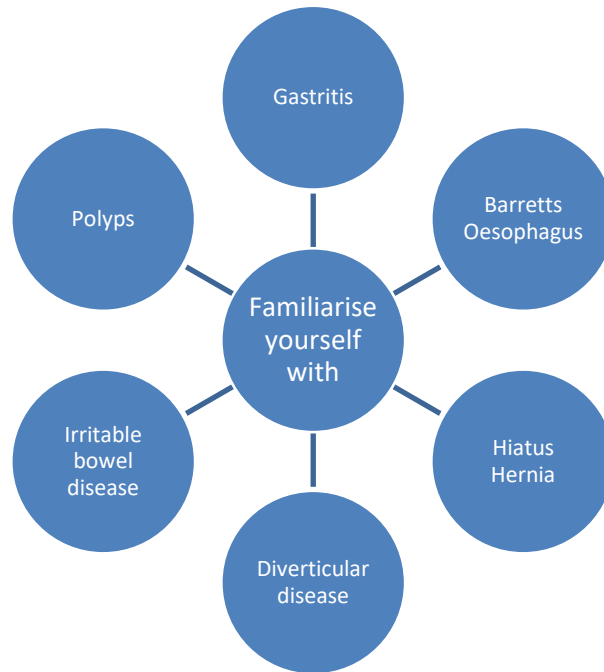
They also help diagnose suspected interstitial lung disease, infections in the lungs and bronchi. A bronchoscopy can also treat lung or airway problems such as removing fluid or mucus plugs from your airways, draining an

abscess or washing out an airway (therapeutic lavage).



Other procedures:

- **EBUS** - Endobronchial ultrasound is a minimally invasive but highly effective procedure used to diagnose lung cancer, infections, and other diseases causing enlarged lymph nodes in the chest.
- **EUS**- Endoscopic ultrasound which allows for very detailed imaging and analysis of the pancreas.
- **ERCP**- Endoscopic retrograde cholangiopancreatography is a procedure that enables your physician to examine the pancreatic and bile ducts.
- **Capsule endoscopy** assists in diagnosing gastrointestinal conditions in the small bowel such as: bleeding, malabsorption, chronic abdominal pain, and chronic diarrhoea. Once swallowed the camera moves naturally through the digestive tract.



Useful links to aid your learning

<http://www.nhs.uk/conditions/Endoscopy/Pages/Introduction.aspx>

<http://www.patient.co.uk/health/Barrett's-Oesophagus.htm>

<http://www.nhs.uk/conditions/irritable-bowelsyndrome/Pages/Introduction.aspx>

<http://www.nhs.uk/conditions/Diverticular-disease-and-diverticulitis/Pages/Introduction.aspx>

<http://www.patient.co.uk/health/Hiatus-Hernia.htm>

<http://www.nhs.uk/conditions/crohns-disease/Pages/Introduction.aspx>

<http://www.nhs.uk/conditions/Ulcerative-colitis/Pages/Introduction.aspx>

We all look forward to meeting you and hope that you enjoy your time here.

