

Parental agreement to investigation or treatment

Gastroscopy (upper endoscopy)

Authors: Children's Services

Brief description:

- Your child is going to be having a gastroscopy. This information leaflet will provide you with the information you need about this procedure.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke's intranet site <http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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What is a gastroscopy

A gastroscopy is also known as an upper endoscopy or OGD (Oesophago-Gastro-Duodenoscopy). You will hear both of these terms used. Please ask if you are unsure. An gastroscopy is a procedure that allows the paediatric endoscopist to look directly at the lining of the upper gut. The upper gut consists of the oesophagus (food pipe), stomach and duodenum. The duodenum (upper small bowel) is responsible for most of the digestion and absorption of nutrition.

What are the benefits of the procedure?

Your doctor should have discussed the likely benefits of the procedure with you and your child. If you are not sure how this procedure is likely to benefit your child's health, please ask one of the medical team who will be happy to explain this to you. In most cases the procedures are done to try and help make a diagnosis i.e. to work out the cause of your child's symptoms and therefore allow better treatment for your child.

Preparation

- Clear fluids only (water or squash) should be taken on the morning of the procedure.
- **No food** of any kind should be taken after **7:30am**.
- All fluids should be stopped at **11:30am**.

Getting ready for the procedure

On arrival, the procedure will be explained again to you and your child and you will be asked to sign a consent form by the paediatric endoscopist. You and your child will be also be seen by the anaesthetist as your child's procedure will be carried out under general anaesthetic. If your child wishes, they can have a special cream (EMLA cream) applied to the back of their hands which numbs the sensation in this area. This is in preparation for inserting a cannula. A cannula is a very thin plastic tube that sits in the vein and allows medicines or fluid to be given directly into your child's body.

You will be asked to wait in the pre-procedure area until it is time for the procedure. Your child will need to undress and put on a gown, so it is a good idea to bring their slippers and a dressing gown for them to wear while they are waiting. One parent can accompany your child to the anaesthetic room and stay with them until they are asleep.

During the procedure

The procedure is undertaken with a gastroscope which is a long flexible tube (about as thick as your little finger) with a light at the end. It is passed through the mouth, into the oesophagus, the stomach and duodenum. Biopsies (samples of the lining of the gut) will be taken. The gastroscopy procedure usually takes around 15 to 20 minutes, but times can vary.

After the procedure

Following the procedures, your child will be taken to a recovery area to recover from their general anaesthetic. Once they have recovered, the nurse will call one parent in to the recovery area. This will not be long after their procedure is complete. When sufficiently awake, your child can have a drink followed by something to eat if they are not feeling sick. They will need to have eaten and drunk something before being discharged home.

Your child may feel bloated and have some crampy, wind-like pains as some of the air used during the procedure remains in their bowel; this usually settles down over the next 24 hours.

Your child may be tired and a little clumsy/unsteady for around 24 hours after the test, so do not allow activities that could lead to a fall. He or she may also seem very grumpy for the first few days. This is a side effect of the anaesthetic and does not last long. You have also been given a leaflet of what you can expect in the days immediately after your child has had a general anaesthetic. **Please read this carefully and follow the instructions.**

It is quite common for children to have a sore throat when swallowing for the first couple of days after the test. Sucking an ice-cube or an ice lolly can help to reduce the soreness.

When you get home, you can give your child regular pain relief, every four to six hours for the first 24 hours and then as often as he or she seems to need it, to ensure he/she can eat or drink. Always follow the instructions on the bottle. You do not need to wake your child up during the night to give a dose.

Usually Paracetamol, like Calpol® or Disprol®, will be enough, but if you need stronger painkillers, we will prescribe them before you go home. If, when you get home, you feel that your child needs stronger pain relief, you should call your GP or ring the nurse specialists (on the telephone number at the end of this form) for over-the-phone advice. If necessary please leave a message and we will call you. Alternatively you can call Addenbrooke's switchboard on 01223 245151 and ask them to bleep the paediatric gastroenterology nurse specialists during working hours..

Your child should be able to go back to school 24 hours after the procedure.

When do I know the result?

The endoscopist will be able to tell you what they were able to see before you go home. They will also discuss a plan for your child's further management.

The biopsies will usually take seven days to be fully reported on. A member of our team will then ring you as soon as we have the results, to pass these on to you and, if necessary, adjust your child's treatment plan. A letter confirming the findings of the

procedure and management plan will be sent to you, your child's GP, your referring consultant and any other health care professionals involved in your child's care. If you **do not** wish for anyone involved in your child's care to receive this information, please let one of the team know.

Alternatives

The gastroscopy is still the only test that will actually allow your doctor to see the lining of your child's upper gut and take biopsies. Both of these are necessary to confirm or rule out the diagnosis. Although there are x-ray tests and scans available, these do not give the same amount/type of information. Your child's doctor should have discussed the reason this procedure needs to be done, and explained why alternative tests were not suitable. If you have further questions please discuss this with your doctor.

Potential problems

Upper endoscopy procedures carry a small risk of haemorrhage (bleeding) (less than one in 1,000 cases) or perforation (tear) (less than one in 5,000 cases) to the bowel if your doctor is only taking pinch biopsies. The risks are slightly greater if some form of treatment is required (for example removal of a polyp, dilatation of a narrowing (stricture)). These risks will be discussed with you separately.

The risk of serious infection is so low that we do not routinely give antibiotics before a procedure. All the equipment is cleaned according to national standards set out by the British Society of Gastroenterology.

Another rare complication is an adverse reaction to the general anaesthetic, but your child's anaesthetist will discuss this with you.

There is also a small risk that loose or wobbly teeth may be dislodged, so please inform the anaesthetist if your child has any loose or wobbly teeth.

Rarely the tissue samples taken during endoscopy may be too small or damaged during processing to make a definite diagnosis. In certain cases it may then be necessary to repeat the procedure.

Training

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of an experienced endoscopist. You can, however, decline to be involved in the formal training of medical and other students. This will not affect your care and treatment. Please ask your consultant or specialist nurse if you have any questions about this.

If you are concerned, or your child has any of the symptoms below:

- Severe pain
- Fever – temperature higher than 38.5° C for more than two hours
- Black tarry stools
- Persistent bleeding

Please contact the one of the following:

- 8am until 4pm: Gastroenterology nurse: 01223 274757
- 4pm until 8am: Your GP or local Accident and Emergency Department or;
- Addenbrooke's Hospital: 01223 245151 (where you should ask to speak to the on-call paediatric registrar.)

Any other questions?

Feel free to write down any other questions you may have. No question is ever too minor or too silly to ask, so please ask any member of the team caring for you if there is anything you wish to know. Your child is also encouraged to ask questions. It is important that you and your child are fully prepared for the procedure and that we try and address any/all of your worries and concerns.

If you have any problem understanding or reading any of this information, please contact any of the team below or ask your consultant for more details.

- Mary Brennan, Clinical Nurse Specialist in Paediatric Gastroenterology: 01223 274757
- Lesley Dark/Helen Shelley, Gastroenterology Nurses: 01223 384950

Children's anaesthesia

Children may need anaesthetics for operations, just like adults. They may feel distressed and their parents can feel anxious. Anaesthetists generally recognise this, and do their best to keep distress down to a minimum. These days, children usually come into hospital on the same day as the operation, unless it is major, and usually do not have premeds. They are seen with their parents by their anaesthetist and usually have local anaesthetic cream put on their hands at this point as described previously.

When they come into the anaesthetic room, it is usual for one of their parents to be encouraged to come in with them, in case they get scared. Many anaesthetists start the anaesthetic with an injection into a vein, and with the local anaesthetic cream this usually does not hurt, or not very much. Others prefer to use gas as an anaesthetic, and most will use gas if there is a particular fear of needles.

Sometimes, especially for emergencies, gas cannot be used, as there may be a risk of vomiting. Occasionally, the anaesthetist will ask parents to leave the anaesthetic room just before starting anaesthesia, as some procedures need to be done just as the anaesthetic starts. After the operation parents can usually come back to their child as

they are beginning to wake, so that they do not feel left alone.

Usually pain can be controlled by use of local anaesthesia to wounds, followed by paracetamol syrup of something similar. For more major surgery other pain relief methods will be required. Discuss this with your anaesthetist at the pre-operative assessment.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon.

Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.

For a child in good health having minor surgery:

- 1 child in 10 (like one person in a large family) might experience a headache, sore throat, sickness or dizziness.
- 1 child in 100 (like one person in a street) might be mildly allergic to one of the drugs that has been given.
- 1 child in 20,000 (like one person in a small town) might develop a serious reaction (allergy) to the anaesthetic.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

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For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Statement of parent

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you and your child. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your child's treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline your child's involvement in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

- I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia.)
- I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.
- I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my child's life or to prevent serious harm to his/her health.
- I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**
- I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.
- I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.
- I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

- I agree** that tissue (including blood) not needed for my child's diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.
- I agree** to the use of photography for the purpose of diagnosis and treatment.
- I agree** to anonymised photographs being used for medical teaching.
- I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and my child and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Parent's signature: **Date:**

Name (PRINT):

Child's agreement to treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the child is admitted for the procedure, if the parent/child have signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and his/her parent(s) that they have no further questions and wish the procedure to go ahead.

Signature: Date:

Name (PRINT): Job Title: