

Welcome to the Endoscopy Unit



Student Pack

UPDATED
SEPTEMBER 2020



INTRODUCTION

This endoscopy unit has expanded and we have moved to a purpose built unit. 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 7 days a week. An on-call team also treats emergencies outside of the normal working week, bank holidays. The unit comprises of 4 treatment rooms, a 7 bay female recovery room, a 7 bay male recovery room, a male and female enema room, male and female sub waiting areas. Refreshment area reception and 4 admission /discharge rooms, waiting area with a tv for patients.

We are very proud to have secured funding for our purpose built unit .The decontamination facility has also been expanded to accommodate an extra procedure room and the extra equipment that it will use .We have been able to procure new equipment and the addition of co2 availability in all procedure rooms.

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. All students are expected to complete the student pack and show the mentor to meet placement objectives. We expect all student nurses to refresh or become familiar with both the upper and lower gastrointestinal tract this will aid your understanding of the anatomy seen in endoscopy prior to placement. Once on placement you may need to expand your anatomy and physiology reading further to understand endoscopy specific testing. We encourage all student nurses to complete a reflection that can be shared in the student resources file about your exposure to a particular procedure or event. Personal reflection is also encouraged and the NMC do not ask to see these but they are invaluable as a learning guide.

You will be assigned a practice assessor and you will work alongside practice supervisors to help and guide you. They are your first point of contact for any learning needs, concerns or problems that may arise. We ask students to produce a small presentation about an aspect of nursing they have learnt and present this to the educational leads and your mentors. The clinical educators enjoy coming to listen to student presentations and if your happy these can go on the twitter feed. 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 – 7pm a combination of shift patterns over 7 days. We do however advise that you arrive at least 10 minutes beforehand as we start each day with a safety huddle on the main unit in the recovery area.

The provision of lunch break is half 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 01204 390390 ext. 4580/5648 at the first available opportunity.

If students fail to attend placement without informing the department, we have a requirement to escalate non-attendees to the university.

Fire Evacuation Policy and Procedure

As with any ward in this hospital, there is a strict policy on fire evacuation.

What number do you call if you find a fire on the unit?

Throughout this unit there are fire extinguishers and alarm points. On the next page is a floor plan of the unit. Can you find where they are and complete the floor plan?

Legend:

- Blue outline: Fire Extinguisher location
- Red outline: Fire Alarm Point location
- Green outline: Fire Escape Route

Fire Risk Rooms Legend:

Room Number	Room Name	Fire Risk
1.1	Reception	Flammable liquids, paper
1.2	Waiting area	Flammable liquids, paper
1.3	Staff room	Flammable liquids, paper
1.4	WC	Flammable liquids, paper
1.5	Pharmacy	Flammable liquids, paper
1.6	Medical store	Flammable liquids, paper
1.7	Store	Flammable liquids, paper
1.8	Office	Flammable liquids, paper
1.9	Reception	Flammable liquids, paper
1.10	Waiting area	Flammable liquids, paper
1.11	Staff room	Flammable liquids, paper
1.12	WC	Flammable liquids, paper
1.13	Pharmacy	Flammable liquids, paper
1.14	Medical store	Flammable liquids, paper
1.15	Store	Flammable liquids, paper
1.16	Office	Flammable liquids, paper
1.17	Reception	Flammable liquids, paper
1.18	Waiting area	Flammable liquids, paper
1.19	Staff room	Flammable liquids, paper
1.20	WC	Flammable liquids, paper
1.21	Pharmacy	Flammable liquids, paper
1.22	Medical store	Flammable liquids, paper
1.23	Store	Flammable liquids, paper
1.24	Office	Flammable liquids, paper

Proposed Fire Plan

AFL

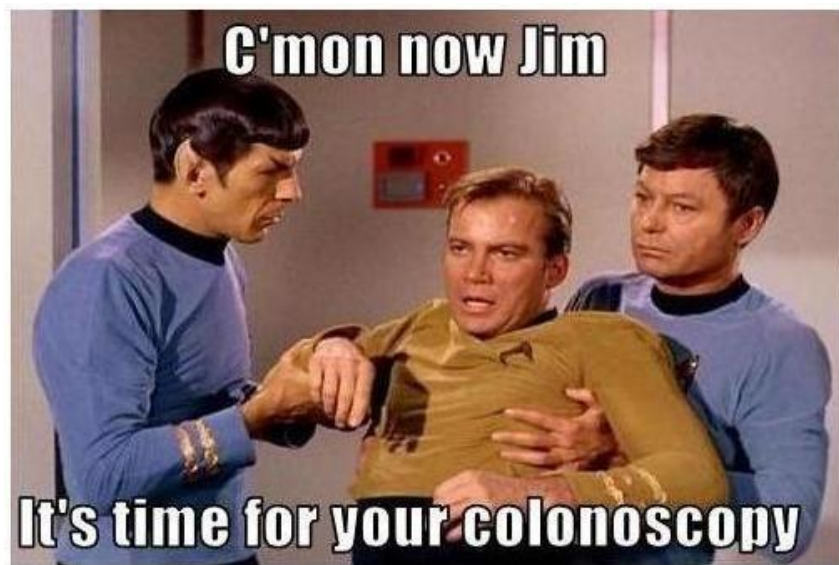
LEARNING OPPORTUNITIES FOR STUDENTS

There are plenty of learning opportunities available to you whilst on placement in endoscopy. Below are some suggestions available to you; although this is not an exhaustive list.

- Nurse endoscopist , clinics, triaging referrals, endoscopy lists
- Opportunity to spend time in histopathology and cytology Shakeel Ahmad
- Dependent on stage of training observe bleeds in main theatres
- Observe ERCP procedures in X ray
- Gastroenterology outpatient clinics
- Nutritional nurse Sue Ellis and dietetics team
- PEG insertions
- Gastroenterology ward C3
- Research teams
- Spoke out to other areas to achieve competencies which are not available on endoscopy.
- IBD nurse specialist
- SSP Bowel cancer screening
- Spending time with the Upper GI Nurse specialists Wendy Irons
- Spending time with the lower GI nurse specialists Sue Poulson
- Dr Bhalme's specialist liver clinic/ Specialist Liver Nurse Sam Osbourne
- Alcohol Team
- Surgical wards E3 and E4
- Stroke rehab ward H3
- Theatre to watch a procedure..... you must be a 2nd year student and have completed theatre induction.

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 colorectal surgeons; upper and lower GI specialist nurses; registered nurses (RN's), Assistant practitioners, Endoscopy technicians, healthcare assistants (HCA's), a decontamination team, a service manager and receptionists.



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. He can also blow air in and suction out to obtain clearer views. His 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/or 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.

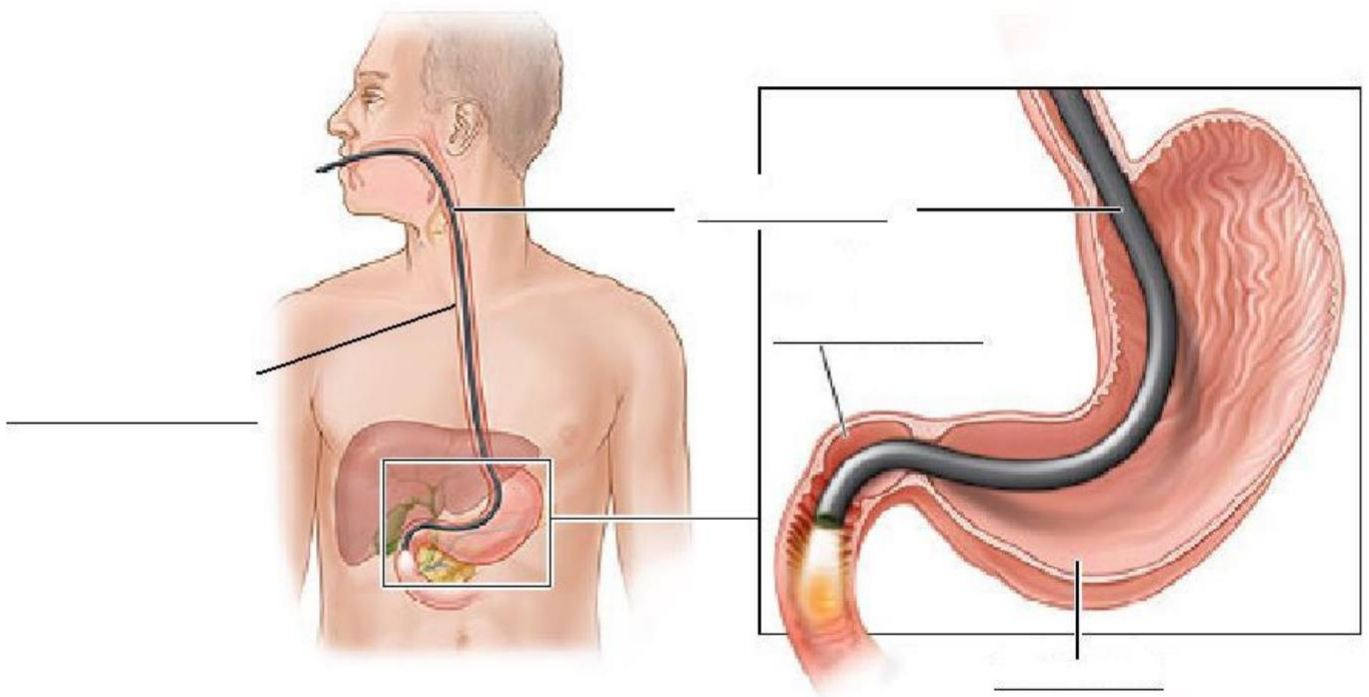
Endoscopies are particularly useful for carrying out biopsies in parts of the body that would otherwise require major surgery, such as the colon (large intestine) or the lungs.

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 gastro scope 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 anemia. It is also used to check for certain GI conditions such as inflammation, ulcers, coeliac disease, Barrett's oesophagus and early signs of cancer.

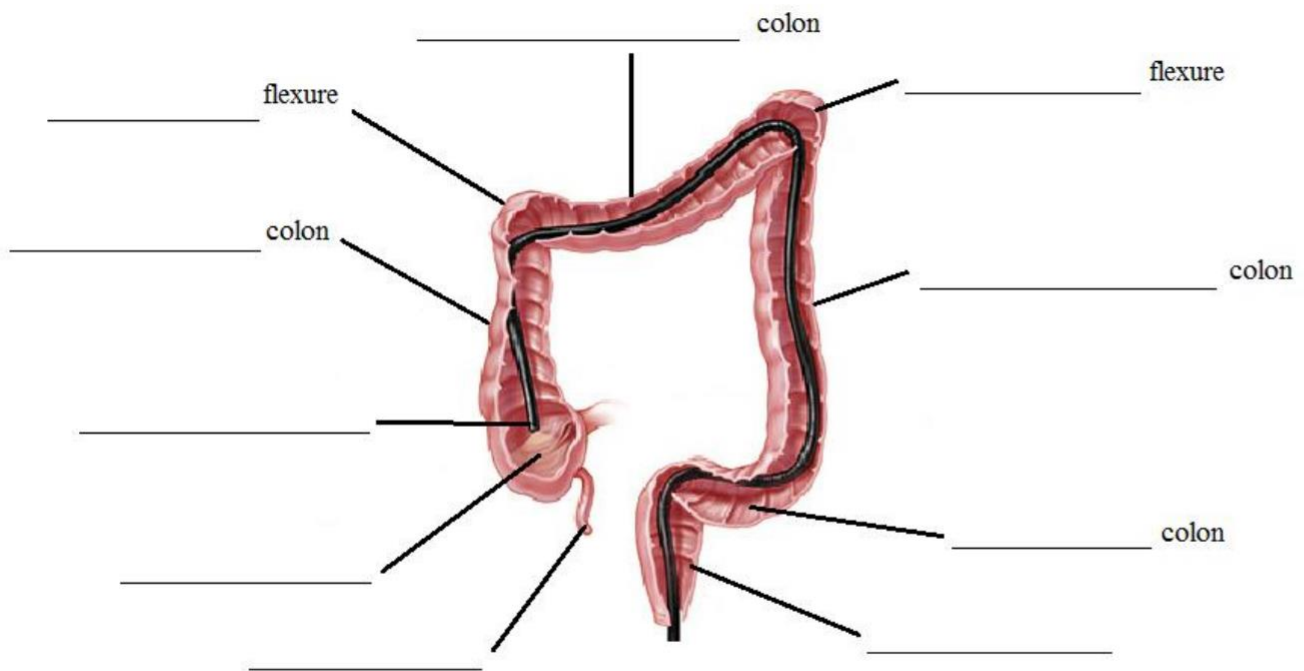
In emergencies, gastroscopies are also performed to stop gastric bleeding or remove any foreign bodies or blockages.



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 diarrhea 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.

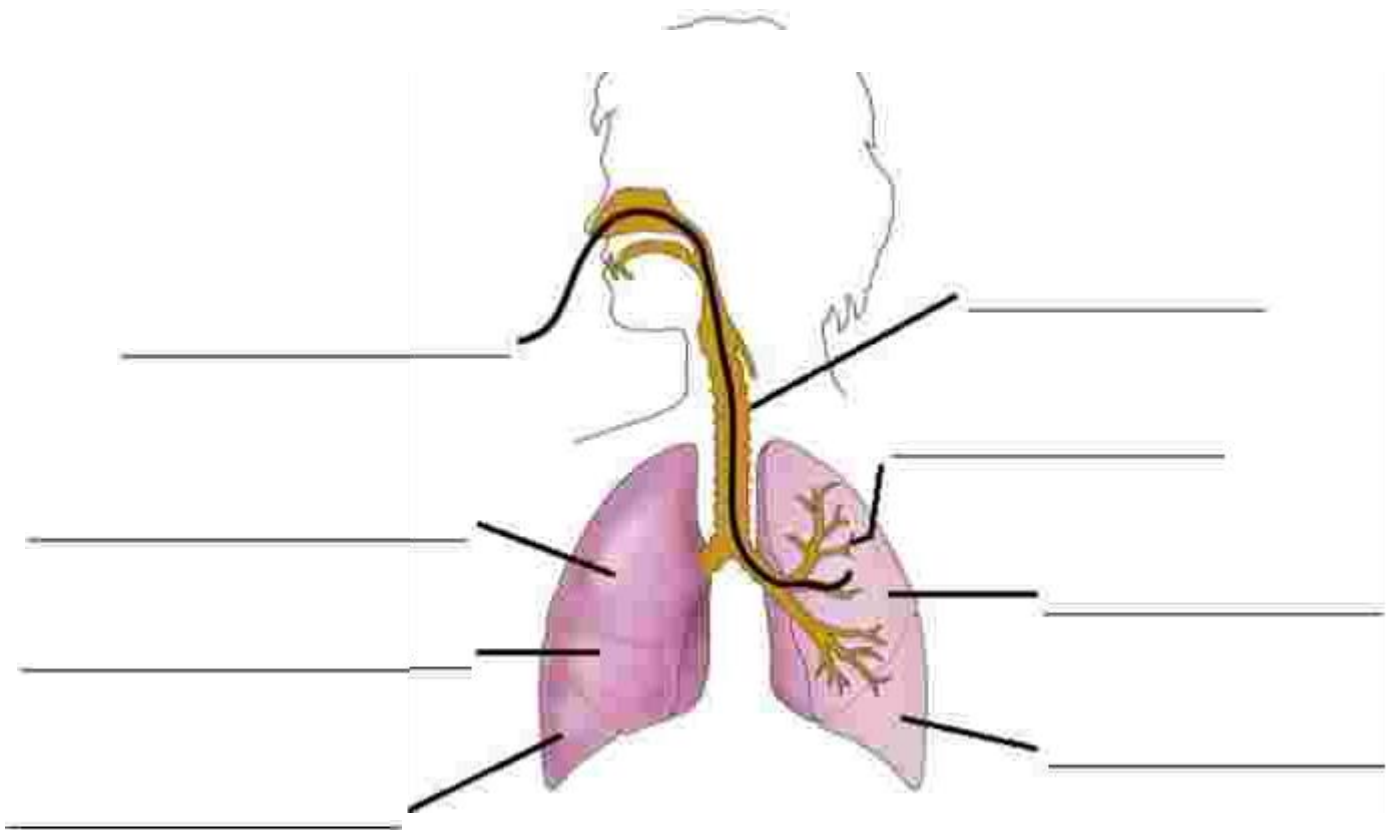


BRONCHOSCOPY

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).



Endobronchial Ultrasound (EBUS)

What is EBUS Brochoscopy ?

EBUS is a procedure used to diagnose different types of lung disorders, including inflammation, infections or cancer. Performed by a specialist respiratory trained endoscopist (pulmonologist) EBUS bronchoscopy uses a flexible tube that goes through your mouth into your wind pipe and lungs. The EBUS scope has a video camera with an ultra sound probe attached to create a local image of the lungs and nearby lymph knodes in order to accurately locate and evaluate areas seen on X-rays that need a closer look.

Using the camera and the ultrasound, the doctor will examine and collect samples from your lung, which are usually taken with a small needle.

Common conditions found in the upper GI tract

Gastritis

What is Gastritis?

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How common is it and who does is affect?

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What are the causes of this condition?

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What Symptoms can be present with gastritis?

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What complications are associated with gastritis?

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What can be done to help this condition?

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Barrett's oesphagus

What is Barrett's Oesphagus (Barrett's)?

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How common is Barrett's and who does it affect?

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What are the causes of this condition?

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What Symptoms can be present with Barrett's?

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What complications are associated with Barrett's?

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What can be done to help this condition?

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Hiatus hernias

What are Hiatus hernias?

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How common are hiatus hernias and who does it affect?

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What are the causes of this condition?

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What Symptoms can be present with this?

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What complications are associated with this?

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What can be done to help this condition?

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Common conditions found in the lower GI tract

Diverticular Disease

What is Diverticular Disease?

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How common are diverticular disease and diverticulitis and who does it affect?

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What are the causes of this condition?

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What Symptoms can be present with diverticula?

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What complications are associated with diverticula?

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What can be done to help this condition?

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Polyps

What are polyps, and what types are there?

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How common are polyps and who do they affect?

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What are the causes of this condition?

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What Symptoms could be present?

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What complications are associated with polyps?

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What can be done to help this condition?

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Irritable Bowel Disease (IBD)

What IBD?

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How common is it and who does it affect?

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What Symptoms can be present with this?

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What complications are associated with this?

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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.