PRACTICAL ENGLISH FOR ENDOSCOPISTS Talk Show Script



Good morning, Mr. Lee!

Yeah, good morning!

Tell me your name and date of birth.

Jay Lee, November 8, 1981.

Are you ready for the procedure?

Yeah.

You seem a bit nervous. Don't worry. It won't hurt, but just very uncomfortable.

Am I gonna be awake? Will I feel it?

You will be drowsy. You might gag, but I will talk you through it. The most difficult part is when the camera passes the throat area. You will feel very full, like you can't breathe. But don't worry. You CAN breathe. In through the nose, out through the mouth. Okay.

(Deep breaths)

Let's get you positioned. Lay on your left side, with knees pulled up to the chest. We will hook you up to the monitor, then give you the medicine. Here comes the throat numbing spray. It doesn't taste good. Gargle and swallow.

(Gargles and swallows)

Now, let's put on the mouthpiece. You cannot talk with the mouthpiece in. Medicine is going in now. Keep your head turned and let the spit fall off to the side. You will gag more if you try to swallow. Close your eyes and think of happy thoughts. You will get sleepy soon. Slow deep breaths.

(Takes deep breaths while eyes closed)

Mr. Lee~ Are you sleeping?

(Opens eyes and shakes head)

Ok. We will give you more medicine and wait for a few minutes.

(Nods)

Are you sleeping now?

(No response)

I think we are ready now.

(Tries to open eyes but sleeps)

We will get started. Here comes the camera. This is the hard part.

Try not to gag.

(Gagging)

It's okay. Try not to gag. You're alright. Alright. Now we are in.

(Still gagging, not as much)

Ok, try to hold that gag. Concentrate on your breathing. In through the nose, out through the mouth. Try to hold it.

(Stops gagging)

Good. Going deep now. (In the antrum, about to enter pylorus) You'll feel some big pressure. Going deep.

(Gagging and belching)

It's okay. Concentrate on you breathing. Good. Keep trying.

Now we are back in the stomach. Taking a really good look here.

(About to retroflex) Big pressure again. Good. Good job! (Big belch)

Good. I'm gonna blow some air into the stomach. You'll feel really full. Try to hold your burp. (Burp)

Good job. Good job! Let me take some air out. We are almost done. And I'll take a few biopsies. Nothing serious. Keep concentrate on your breathing. Biopsy please. Ok, good. We're almost done now. Coming out, we're gonna look at the esophagus. And we'll take some air out. Good.

Great job, Mr. Lee. Everything went well. You'll go to the recovery room. Rest. I will come and talk to you when you're a little bit more awake.

Yeah.

PRACTICAL ENGLISH FOR ENDOSCOPISTS Talk Show Script



COLONOSCOPY (with moderate sedation, midazolam and pethidine)

Good morning, Mr. Lee!

Yeah, good morning.

Tell me your name and date of birth.

Jay Lee, November 8, 1981.

Are you ready for the procedure?

I guess.

How did the preparation go? Were you able to drink all of it? I did.

Good. People say that's the worst part of getting a colonoscopy. What time was the last drop?

2 hours ago. Only water came out.

COLONOSCOPY (with moderate sedation, midazolam and pethidine)

Good, good, great! We will take a good look. Let's get you positioned. Lay on your left side, facing the wall, and pull your knees up to the chest. We will hook you up to the monitor, then give you medicine.

Is it gonna hurt?

You might wake up during the painful part. But it's only temporary. I'll talk you through it. Don't worry. You may sleep through the whole thing. Here comes the medicine. Close your eyes and think of happy thoughts. You will get sleepy soon. We will give you more medicine as we go along. Relax. Slow deep breaths.

(Sedated)

Are you sleeping?

(No response)

COLONOSCOPY (with moderate sedation, midazolam and pethidine)

We will get started. Let's put some jelly on first. I'm checking with my finger. Let's check your prostate.

Arghhhh~

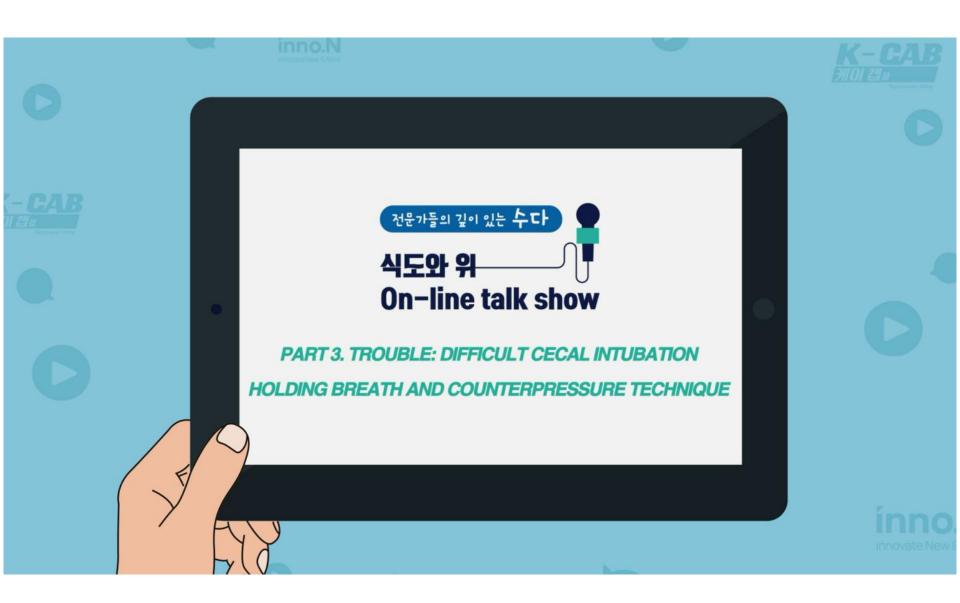
OK. Here comes the camera. Take some deep breaths in and out. (Rectosigmoid junction) Here comes the twisty part. You'll feel some pressure.

Ouch! It hurts!

Let me give you more medicine. Please give more medicine. Please. Slow deep breaths. (Sigmoid) You'll feel some more pressure. (Descending about to turn splenic flexure) You might feel some pain now.

Ow that hurts!

We are almost there. (Transverse about to turn hepatic flexure) Hold on. You are doing great. Ok, this is the last push. Take a deep breath, good. Deep breath, good! (In cecum) Great Job! Now let's take a good look.



TROUBLE

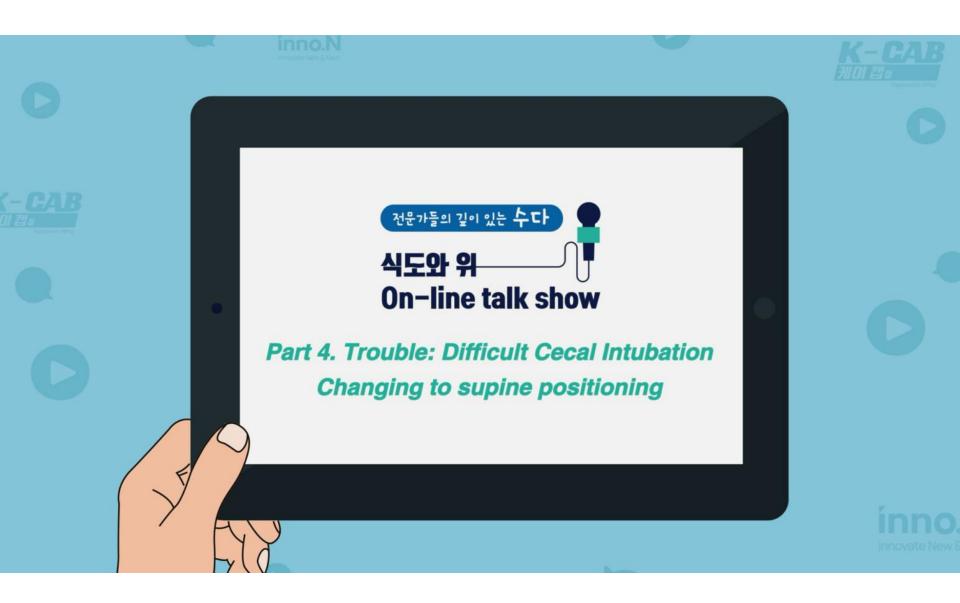
(Ascending, difficult to get into cecum). Let's take a deep breath in. Hold it. Good. Hold it, hold it! (Cannot get into cecum) I'm having a little trouble. Hold it! Breathe.

Okay. Let's try it one more time. Let's take a deep breath in. All the way in. All the way in! And then, hold it, hold it! Good, good! Okay, breathe. All right. That didn't work.

I'm gonna have the nurse push on your stomach. Relax your stomach and let the nurse push it in. Try not to push against it. Try to relax. Ok, here it comes. You're ready?

Give me some pressure on the left lower quadrant. Good, good. Okay, that didn't work. Give me some pressure on the belly button. Good. Ok, perfect.

(In cecum) Great job, Great job! Let's take a good look.



TROUBLE

(Cannot get into cecum) Whew! This is a tough one. Let's have you turn and lay on your back. We will help you. Slowly turn, good. Keep the knees up. (Cross your right leg over the left.) Great job. Great job!

All right. Let's take a deep breath in, deep breath in. All the way in. And then hold it, hold it, hold it! (In cecum) Great job! Let's take a good look.

(Finished right sided exam, in transverse) Now let's have you turn back on your left side. Slowly. Good. Don't fall off the bed! Slowly. Good. Great job! Let me take a careful look. It's going very well.



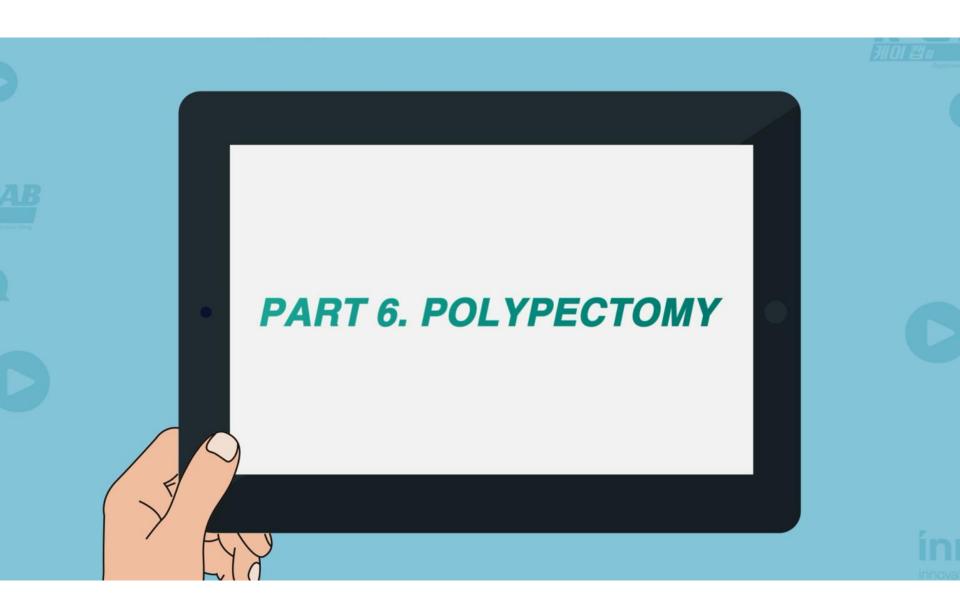
WITHDRAWAL

You are doing very well. I'm taking a really good look. You may feel some pressure here and there. If you feel like passing gas, go ahead. I'm putting air in and out to take a good look. No shame. It's not going to smell. We are all used to it.

(If passing gas too much) Ok. Now, Let's try to hold the gas a few seconds. I need to look carefully here. Great job!

(Rectum, before retroflexion) Now this is the last part. We're near the rectum. You will feel some pressure in your rectum. Great job, Mr. Lee! Let me take some air out. Everything went well.

You'll go to the recovery room. I will come and talk to you when you're more awake. Great job.



POLYPECTOMY

(Biopsy, if patient awake) Mr. Lee, I found a polyp here. I'm gonna have to take it out.

(Snare) We're gonna put a cold pad on your leg here. It's not gonna hurt.

Oh, is it big? Is it serious? How big is it?

Oh, it's a good size polyp. Let me take this out. Let me concentrate. Don't move. Snare please.

How many polyps did you take out?

Hold on a second. Good job! We took out two polyps. One big, one small. I'm coming out. They didn't look serious, but we'll need to send it to the pathology. You'll get the result in a week. No need to worry. You'll go to the recovery room. I will come and talk to you when you're more awake. Great job, Mr. Lee. Thank you.