

Re-audit of patient information about the ethanol content of anaesthetic sprays used in gastroscopies

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To the Editor,

It is customary to offer patients undergoing gastroscopy intravenous sedation, an oral local anaesthetic spray or a combination of both. However, the presence of alcohol within these sprays is seldom discussed. Traditionally, Muslims, Baptists, Salvationists and members of many fundamentalist Christian groups abstain completely from alcohol. During 2013 patients' views on use of oral anaesthetic sprays with an alcohol base were investigated in Leicester (1). The proportion of patients who rejected the spray was 8% for Asians and 17% for Europeans with no difference between Hindus and Muslims. Reasons included ineffectiveness and the erroneous belief alcohol would interfere with other medications. In only two cases were objections religious. In one a Christian had signed the Pledge and the other was a Muslim (2). Clearly our preconceptions as to how people will respond to the issue of alcohol in medications can be wrong. However, together with others, this study demonstrated most patients believe we should provide them with this information so they can make informed choices (1,3).

As a result of this audit additional statements were added to an information booklet given to patients. Prior to obtaining written consent, all endoscopists were encouraged to specifically tell patients about the nature of lidocaine spray and the option to undergo the test without it. One year later a second audit investigated whether these interventions were effective. One hundred consecutive patients were identified and within 6 weeks of their gastroscopy they were sent an anonymous postal questionnaire together with a prepaid return envelope. The questionnaire was designed as easy-to-read with a Flesch-Kincaid Reading Ease Score of 53.4 (Fig. 1).

Of these 100 patients, one had attended for gastroscopies on more than one occasion, 13 were Hindu and 4 Muslim. Of the 99 patients sent a questionnaire 41 responded. However, 5 believed they had not had a gastroscopy and chose not to complete the questionnaire. Twenty seven of 36 (75%) respondents thought all patients should be told of the alcohol content of local anaesthetic sprays (Table 1). However, although 97% of patients received the booklet, only 28% recalled it containing information on the alcohol content of lidocaine spray. In addition a similar number remembered being

Questionnaire :	
Hello,	
We would be grateful if you would tell us about your recent visit to the Endoscopy Unit by completing the following brief survey.	
Please tick as appropriate.	
	Yes
Prior to your procedure did you receive a booklet entitled 'Information for Patients having a Gastroscopy' ?	<input type="checkbox"/>
Did this booklet contain information about the alcohol content of the anaesthetic spray used during the procedure ?	<input type="checkbox"/>
Were you made aware by a member of the procedure team of the alcohol content of the anaesthetic spray ?	<input type="checkbox"/>
Do you think that patients should be notified of the alcohol content of the spray ?	<input type="checkbox"/>
Were you offered the opportunity of having the test without the spray ?	<input type="checkbox"/>
Thank you for helping us to continually improve patient care. Please return in the prepaid envelope provided.	<input type="checkbox"/>

Fig. 1. — Questionnaire used in audit

told of the alcohol content by an endoscopist. There was considerable overlap between these groups suggesting that for patients for whom this was important recall of both written and oral information was comparable. The fact that 50% of patients recalled being offered the test without spray would suggest endoscopists have changed practice to some degree in response to the initial audit.

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Table 1. — **Response to Questionnaire about Patients' Experience in connection with information about the alcohol content of local anaesthetic sprays used in gastroscopies**

	Number (n = 36)	Percentage
Number who recalled receiving gastroscopy booklet	35	97%
Number who recalled information about the alcohol content of local anaesthetic spray in booklet	10	28%
Number who were told of anaesthetic content of spray by a member of the endoscopy team	10	28%
Number who either read or were told of anaesthetic content	11	31%
Number who were offered the opportunity of having a gastroscopy without anaesthetic spray	18	50%
Number who were told of anaesthetic content of spray and offered the opportunity of having the procedure without it	10	100%

In 2001 easy-to-read leaflets were introduced in Leicester together with formal checks on patients' understanding of their content and it became clear recall deteriorated with time (4). By 2005 only 50% of patients received an information leaflet with 10% misunderstanding aspects of the test (5). It was at this time that the Joint Advisory Group for Gastrointestinal Endoscopy (JAG) created a Global Rating Scale (GRS) to assess endoscopy units (6). This scale is concerned with whether units provide a patient centred service and includes assessments of patient information and response to feedback by clients. The issue of the alcohol content of oral anaesthetic sprays is an area of interest to most patients and for up to 15% unacceptable. Such information needs to be incorporated within the GRS, particularly in multi-cultural communities. Endoscopists need to identify local priorities and ensure patients are properly informed about important issues.

References

1. FARRUKH A., STEWART J. An audit of lidocaine spray and its use in endoscopy with particular attention to its ethanol content. *Journal of Digestive Endoscopy*, 2014, **5** : 18-21.
2. GATELY I. *Drink : A Cultural History of Alcohol*. New York : Gotham Books, 2009.
3. HUSSAINI S.H., HANSON P.J., WILKINSON M.L., SLADEN G.E. Informed consent for upper gastrointestinal endoscopy. *J.R. Coll. Physicians (Lond.)*, 1994, **28** : 411-414.
4. MAYBERRY M.K., MAYBERRY J.F. Towards better informed consent in endoscopy : a study of information and consent processes in gastroscopy and flexible sigmoidoscopy. *European Journal of Gastroenterology & Hepatology*, 2001, **13** : 1467-1476.
5. PARMAR V.N., MAYBERRY J.F. An audit of informed consent in gastroscopy : an investigation of a hospital's informed consent procedure in endoscopy by assessing current practice. *European Journal of Gastroenterology & Hepatology*, 2005, **17** : 721-724.
6. <http://www.globalratingscale.com/> Accessed on 6/10/2014.