



*Upper gastrointestinal endoscopy

Throat anesthetic

We will spray something into your mouth.
It has a bitter taste.

Throat anesthetic

Let it sit at the back of your throat for 5 seconds.

Throat anesthetic

Please swallow.

During the test

Please spit out any saliva.
This is to prevent choking.

During the test (breathing)

Breath in through your nose

...and out through your mouth.

Anesthetic

We are going to inject you
with a drug.
It will make you feel sleepy.

Relax your neck and
shoulders.

The test is finished.
We will return you to
your room shortly.

Well done!

You did great. 😊

*Thank you for your
cooperation.

When starting the test

We will start the test now

- Thank you for coming today
- My name is ...
and I will be taking care of the tests today
- If you have any questions or concerns, please don't hesitate to ask me

Explanation before test

I'll explain the stomach camera test (gastroscopy)

- (1) This medicine will get rid of any bubbles in your stomach. (Please swallow)
- (2) Your **throat** will be numb while the camera is inside you. This means you won't be able to swallow, so please let any saliva dribble out.
- (3) We'll inject some air into your stomach so that we can see it with the **wrinkles** smoothed out. Your stomach will feel bloated for about 2 or 3 hours.
- (4) You **must not eat anything** until 1 hour after the test.

Explanation before test

Which nostril is easier to use?

- We'll insert the camera through whichever nostril is larger
- Please press your right nostril and breath in and out through the left nostril
- Now press your left nostril and breath in and out through the right nostril
- Which nostril is more open?
Let's use the
 Right Left

Explanation before test

I'll explain transnasal endoscopy

- (1) We'll hold your nostrils open and put some medicine in your nose to prevent it from bleeding. (Please wait 5 minutes)
- (2) We'll put some anesthetic gel and a tube into your nose to minimize the pain. Please wait 1 minute 30 seconds. (Swallow any gel that flows down to the back of your throat)
- (3) We'll remove the tube and take you to the gastroscopy room.
- (4) The gastroscopy test lasts about 10 to 15 minutes.

Explanation before test

Observations during transnasal endoscopy

We'll look inside your nose, throat and esophagus. Then, we'll move from your stomach to your duodenum, and look as far as where the pancreatic juice and bile are released.

Then we'll return from the duodenum to look closely at the stomach, and we'll finish by looking again at the esophagus and nasal cavity as we pull the camera out.

Confirmation of identity before test

Now we will do the gastroscopy

- Date of birth:
- Name:
Please check this information.
Is it correct?
 Yes No

We are going to give you an intramuscular injection

We'll give you an injection to calm down the activity in your stomach

Position during test

Please lie on your left side

(So that you are facing the left)

Precautions during test

**Do not swallow your saliva!
You could choke**

**→ Don't swallow any saliva.
Let it flow out.**

How to breathe during the test

...Slowly...

**in through the nose,
out through the mouth**

During the test

Relax your neck and shoulders

Let yourself be comfortable!

During the test

**Open your eyes...
Relax your shoulders**

**Slowly and calmly,
Open your eyes and relax**

During the test

Relax even more!

During the test

Well done.

You did great!

After the test

That's the end of the test

Explanation of lung function tests

- The first test looks at your lung capacity.**
- Hold the mouthpiece between your teeth and breathe through your mouth only.**
- When you have the mouthpiece between your teeth, first take a few normal, relaxed breaths.**
- When I give the sign, start breathing in and out deeply.**

- The next test looks at your lung power when you breathe out.**
- First, take a few normal, relaxed breaths, like you did in the first test.**
- When I give the sign, breathe in deeply and then breathe out strongly. When you have exhaled all your breath, breathe in deeply one more time.**

- The next test looks at how much air is left in your lungs when you are breathing normally.**
- Continue breathing in a normal, relaxed way for a little while.**
- When I give the sign, breathe in and out deeply.**

Breathe in

Breathe out

Explanation of eye tests

(1) Refraction (eye power)

- * We will measure your refraction (eye power) with a special instrument.
- * You will not feel any pain.
- * Please open your eyes wide.

(2) Intraocular pressure (eye hardness)

- * We will measure your intraocular pressure (eye hardness) with a special instrument.
- * Air will come out of a small hole.
- * It will startle you, but it will not hurt.
- * Please open your eyes wide.

(3) Visual acuity

- * We will measure your visual acuity.
- * Please point to the direction of the gap in the circle (C).
- * There are four directions – up, down, left, and right.

(4) Photograph of fundus (back of eye)

- * We will take a picture of your fundus (back of eye).
- * Look at the flashing light inside the instrument.
- * Please open your eyes wide.

Gynecological examination

- This is an examination of your uterus and ovaries.
(To test for endometriosis, uterine fibroids, cancer, ovarian cysts, etc.)
- Remove your underwear and sit on the examination table. After sitting, the chair will be raised and you should be lying back with your legs and feet apart. If you relax and breathe through your mouth without tensing your abdomen, the examination will be over quickly and painlessly. Thank you for cooperating.
- Cytology: We will examine your cervix to check that there are no polyps or cancerous cells.

We will insert a metal instrument into your vagina, and gently scrape off and collect mucosal cells using a specially designed instrument.

There will be no pain or bleeding.



Transvaginal ultrasonography: We will insert a narrow probe into your vagina to examine your uterus and ovaries.



(資料 11)

ACCESSING TALKING THERAPIES (COUNSELLING)

There are services available, which offer support to people who may find it useful to talk through certain issues they might have. This approach is often referred to as 'Talking Therapy' which emphasises the use of communication – by 'talking' in place of - or in addition to - a medication approach.

There are several services that can all be described in some way as Talking Therapies and it can often be confusing which service would suit an individual best, so we have attempted to describe a range of services available both through the NHS and privately which can be found in the UK. We have also provided details of various charities that offer low cost help, and written information, which you may find beneficial.

DEFINITIONS

Psychiatrist

Psychiatry is a medical field concerned with the diagnosis, treatment and prevention of mental health conditions. A doctor who works in psychiatry is called a psychiatrist. Unlike other mental health professions such as psychologists and counsellors, psychiatrists, must be medically qualified doctors who have chosen to specialise in psychiatry. This means that they can prescribe medication as well as recommend other forms of treatment.

Mental health conditions that may be diagnosed and treated by a psychiatrist include:

- Anxiety phobias, obsessive-compulsive disorder (OCD).
- Personality disorders
- Schizophrenia and paranoia
- Depression and bipolar disorder (manic depression)
- Eating disorders, such as anorexia
- Sleep disorders, such as insomnia

Psychologist

Psychologists are mental health professionals that have received specialised training in the study of the mind and emotions. A psychologist usually has an advanced degree.

Counsellor/Psychotherapist

There are often misconceptions about what counselling services provide. The British Association for Counselling & Psychotherapy (BACP) defines counselling as the following:

Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can be properly 'sent' or referred for counselling.

By listening attentively and patiently, the counsellor can begin to perceive the difficulties from the client's point of view and can help them to see things more clearly - possibly from a different perspective. Counselling is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a

client to take a particular course of action. Counsellors do not judge or exploit their clients in any way.

In the counselling sessions the client can explore various aspects of their life and feelings, talking about them freely and openly in a way that is rarely possible with friends or family. Bottled up feelings such as anger, anxiety, grief and embarrassment can become very intense and counselling offers an opportunity to explore them; with the possibility of making them easier to understand. The counsellor will encourage the expression of feelings and as a result of their training will be able to accept and reflect the client's problems without becoming burdened by them.

Acceptance and respect for the client are both essential for a counsellor. As the relationship develops, so too does the trust between the counsellor and client enabling the client to look at many aspects of their life, their relationships and themselves which they may not have considered or been able to face before. The counsellor may help the client to examine in detail the behaviour or situations that are proving troublesome and to find an area where it would be possible to initiate some change as a start. The counsellor may help the client to look at the options open to them and help them to decide the best for them.

Differences between Counselling and Psychotherapy

It is not always possible to make a generally accepted distinction between counselling and psychotherapy. There are well-founded traditions, which use the terms interchangeably, and others, which distinguish between them. If there are differences, then they relate more to the individual psychotherapist's or counsellor's training and interests and to the setting in which they work, rather than to any intrinsic difference in the two activities. A psychotherapist working in a hospital is likely to be more concerned with severe psychological disorders than with the wider range of problems about which it is appropriate to consult a counsellor. In private practice, however, a psychotherapist is more likely to accept clients whose need is less severe. Similarly, in private practice a counsellor's work will overlap with that of a psychotherapist. Those counsellors, however, who work for voluntary agencies or in educational settings such as schools and colleges usually, concentrate more on the 'everyday' problems and difficulties of life than on the more severe psychological disorders. Many are qualified to offer therapeutic work, which in any other context would be called psychotherapy.

All of the above are services that can usually be accessed by your GP, however, there can often be waiting lists of any of the above services, and these vary geographically. Some GP surgeries do offer counselling but usually a maximum number of six sessions can be offered. There is an informative NHS website which provides information about different talking therapies: -

www.nhs.uk/livewell/counselling/pages/accesstotherapy.aspx

CHARITIES

There are several charities that offer free or low cost talking therapies throughout the UK: -

- **Cruse** for bereavement support: www.crusebereavementcare.org.uk
- **Relate** for relationship counselling: www.relate.org.uk
- **Samaritans** provides emergency response to people's needs, but they do not provide on-going therapy: www.samaritans.org
- **Mind**: www.mind.org.uk offers a wide range of information and services to people experiencing mental health difficulties: -
 1. A helpline to answer questions about types of mental distress, where to get help, drug and alternative treatments and advocacy. They will be able to help you with information in your particular area.
 2. Questions and answers about counselling
 3. Links to a broad range of organisations, which provide mental health support or information.
- **The Mental Health Foundation** has published a booklet - **Talking Therapies explained** - which is available to download free of charge from www.mentalhealth.org.uk/publications (in the search box type in ***talking therapies***). This booklet is for anyone who wants to know more about different types of talking therapy and highlights the experiences of people who have used them. It advises how to find a therapist who is right for you and suggests where to look for more information.

There may well be other local agencies that are able to offer free or low cost counselling services.

PRIVATE COUNSELLING / PSYCHOTHERAPY

The cost of this type of talking therapy varies from £40 - £60 for usually a 50minute session. The following are organisations that provide a list of approved therapists. They provide links where you are able to put in your town or postcode to find someone who lives near to you: -

- **British Association for Counsellors and Psychotherapists:** www.bacp.co.uk
- **UK Council for Psychotherapy (UKCP):** www.psychotherapy.org.uk
- **The Counselling Directory:** www.counselling-directory.org.uk

PRIVATE PSYCHIATRY AND PSYCHOLOGY

Either of these services can be accessed privately. The usual procedure is for you to contact your GP who will refer you privately to either of these services. The costs of either of these services are considerably higher than going to a counsellor/psychotherapist.

THALIDOMIDE COUNSELLOR

If you would like to see a thalidomide counsellor, you can contact Anne Horton at HealthLink who will be able to put you in touch with Francesca Thorpe. Francesca has been working as a counsellor since 1999. She has experience with counselling individuals, couples and adolescents. She works with time limited, or long-term therapy. Francesca has been involved with our telephone counselling pilot study for the past two years, and has experience with counselling thalidomiders. Francesca lives in Woking, Surrey and can offer counselling to individuals face to face if they are able to travel to her home. If this is not possible then Francesca is also able to offer telephone counselling. Her charge is £45 per 50-minute session.

September 2011

(資料 12)

勸奨と提言

Recommendations and Suggestions

Empfehlung und Vorschlag

勸奨と提言

勸奨

- 1、医療従事者（health care worker）がこのQ & Aを活用することを強く推奨する
- 2、上肢障害者の血圧はカフーオシロメトリック法の自動血圧計を用い、後脛骨動脈で測定することを推奨する
 - ・測定は臥位で行う
 - ・通常（Mサイズ）のカフを用いて上記を測定する場合は
（後脛骨動脈収縮期圧＋8）×0.88 mmHg を収縮期圧とする
 - ・家庭での血圧測定を推奨する
 - ・上肢血圧を測定する場合は上腕周囲径に適合したカフを用いて測定することを強く推奨する
- 3、上肢障害者が心電図で Sokolow-Lyon index $SV1+RV5 \geq 3.5mV$ ないし $R5$ or $R6 \geq 2.6mV$ であれば左室肥大を疑い、心臓超音波検査を行うことを強く推奨する
 - ・潜在的な高血圧患者が発見できる可能性がある
- 4、上肢の障害で採血が困難な場合はまず腹部超音波検査で脂肪肝の有無を評価する
 - ・脂肪肝であれば脂質代謝異常である可能性が高いため、血液生化学検査を強く推奨する
- 5、手根管症候群で前腕や上腕にも痛みがあれば頸椎を評価することを強く推奨する
 - ・近位部症状（proximal symptoms）は頸椎症を合併している可能性がある
- 6、上部消化管内視鏡検査は訓練された医師による経鼻内視鏡を推奨する
 - ・被験者の苦痛が少なく鎮静剤を必要としない
- 7、聴覚障害者の診察はマスクを外して対応することを強く推奨する
 - ・聴覚障害者は聴覚の欠陥を視覚で補うスキル（読話）を自然に身に着けている
 - ・聴覚障害者に口の動きが十分に見えないような角度、たとえば電子カルテの画面に向かいながら会話してはならない
- 8、聴覚障害者の検査はこのQ & Aに掲載されている説明資料を用いることを推奨する
 - ・筆談が必要となることもあるので、ホワイトボードないしメモ用紙も準備する

9、聴覚障害者の健康診断は同じ日に2名実施することを推奨する

- ・一人の手話通訳者を2名で共有することができる
- ・聴覚障害者同士がコミュニケーションをとることができるので心強い

10、うつ病や心の病気に罹患していないか考えることを推奨する

- ・生活実態調査の結果、同世代（2.0%）より罹患率が高かった（10.4%）

総合的な支援のあり方の提言

1、サリドマイド胎芽病者の生活を支援する制度の積極的な活用を促すための情報提供、相談支援体制の構築を提言する。

2、サリドマイド胎芽病者は一般の方より生活習慣病に罹患しているリスクが高いことから定期的な健康診断を継続的に支援することを提言する。

3、サリドマイド胎芽病者および主治医が「痛み」や続発症の治療方針について相談できる医師および医療機関を育成することを提言する。

4、サリドマイド胎芽病者と医療従事者が英国、ドイツ、日本で行われた調査研究で得られた知見を共有するための国際交流を提言する。

5、医学部の学生が薬害の歴史と発生防止および医薬品副作用被害救済制度について必ず学習することを提言する。

研究の継続について

この研究は2014年4月以降も継続されている。新たな研究代表者は

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である。

Recommendations and Suggestions

Recommendations

- 1、 It is strongly recommended that health care workers utilize this Q&A.

- 2、 It is recommended to use automated sphygmomanometer in cuff-oscillometric methods on posterior tibial artery for measuring blood pressure for people with upper limb disabilities.
 - Measurement should be done in recumbent position.
 - When the normal (size M) cuff is used to measure in the method stated above, systolic pressure should be $(\text{posterior tibial artery systolic pressure} + 8) \times 0.88$ mmHg
 - It is recommend to measure blood pressure at home.
 - When arm blood pressure is measured, it is strongly recommended to use cuff that is suited for the upper arm circumference.

- 3、 If a person with upper limb disabilities shows Sokolow-Lyon index $SV1 + RV5 \geq 3.5\text{mV}$ or $R5$ or $R6 \geq 2.6\text{mV}$ in the electrocardiogram, left ventricular hypertrophy is suspected so it is strongly recommended to do an echocardiography.
 - There is a possibility that potential patients with high blood pressure is found.

- 4、 If it is difficult to take blood because of the disability of upper limb, evaluate whether they have fatty liver with abdominal ultrasound.
 - If fatty liver is found, there is a high possibility that they have lipid metabolism abnormality so blood chemistry study is strongly recommended.

- 5、 If they feel pain in forearms and upper arms because of carpal tunnel syndrome, it is strongly recommended to evaluate their cervical vertebrae.
 - There is a possibility that proximal symptom is a sign for cervical spondylosis.

- 6、 It is recommended that upper gastrointestinal endoscopy is done via nasal endoscope by a trained doctor.
 - There is less pain for the patient and sedative is not necessary.

7、 It is strongly recommended to not wear a mask when examining a patient with hearing impairment.

- Patients with hearing impairment naturally acquire skills (lip reading) to visually supplement the lack of hearing.
- A doctor should not talk to patients with hearing impairment from the angle where they cannot see the doctor's mouth, such as facing the electronic chart.

8、 It is recommended to use explanation material indicated in this Q&A when examining patient with hearing impairment.

- There may be a necessity for communication by writing so prepare a whiteboard or memo pad.

9、 It is recommended to do health check for 2 people with hearing impairment on the same day.

- They can share a sign language interpreter.
- They feel a sense of security because patients with hearing impairment can communicate with each other.

10、 It is recommended to consider whether they have mental disorder such as depression.

- The results of the survey of actual life situation showed that disease rate is higher (10.4%) than the people in the same generation (2.0%).

Proposals for the way comprehensive assistance to the Thalidomide-impaired people should be

1. To propose to construct the system for providing information and consultation in order to promote the positive use of the system to assist the life of Thalidomide-impaired people.
2. To propose to continuously assist the Thalidomide-impaired people to receive a regular health check because they are more likely to suffer from the lifestyle diseases than general public.