



Gastrosocopy and colonoscopy explained: Combined oesophago-gastro duodenoscopy (OGD) and colonoscopy

This leaflet tells you about having a combined gastrosocopy and colonoscopy. It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit.

Please bring this leaflet with you.

Introduction

- Your GP or hospital doctor has advised you to have two separate procedures to investigate the upper gastrointestinal tract and the large bowel at a single appointment.
- This leaflet aims to give you enough information to enable you to make an informed decision in relation to agreeing to the investigation.
- If you are unable to keep your appointment please inform us 0118 322 7459 as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. **Any patients failing to attend for their appointment will not routinely be offered another appointment.**
- There is limited free drop off / collection parking and 3 disabled bays outside the Endoscopy Unit. There are limited 30 minutes free drop off parking bays on the left side as you enter the car park. Some limited Pay and Display bays are available. Public parking can be found in the main multi-storey car park on levels 0, 1, 2 and 3. Payment is 'on exit' with pay point machines on level 0 and 2.
- Please note that there is no access to the Endoscopy Unit through the main hospital, the entrance is in Craven Road. The Unit is situated at the top of Craven Road, past the main entrance and Maternity Block.
- At West Berkshire Community Hospital (WBCH): Pay and Display car parking is available at the hospital, as well as designated spaces for disabled parking, motor cycles and bicycles. There is also a drop-off point and a taxi rank near the main entrance.
- **Please arrive 20 minutes before your appointment time, so you can be assessed by the nurse.**

For our information: collection details

Please write your relative's or friend's name and telephone number below:

Name: _____

Telephone number: _____

Combined gastroscopy and colonoscopy

The first procedure you will be having is called an oesophago-gastro duodenoscopy (OGD), sometimes known more simply as a gastroscopy or endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

The second procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon).

They will be performed by or under the supervision of a trained doctor or nurse endoscopist (specialist trained to perform examinations or provide treatments using an endoscope) and we will make the investigation as comfortable as possible for you.

Before you have a combined gastroscopy and colonoscopy procedure, you will usually be given sedation (to make you relaxed and drowsy) and a painkiller. You may choose not to have the sedation if you wish.

Why do I need to have a gastroscopy and colonoscopy?

You have been advised to have these combined procedures to identify the causes of your symptoms to help identify treatment, and if necessary, to decide on further investigations.

The main reason for having these combined procedures is to investigate the cause of anaemia, with or without changes in your bowel habit.

Is there an alternative procedure to gastroscopy and colonoscopy?

X-ray examinations are available as alternative methods but have the disadvantage of not allowing tissue samples to be taken and can be less informative than an endoscopy.

What is a gastroscopy?

This test is a very accurate way of looking at the lining of your upper digestive tract, and to establish whether there is any disease present.

The instrument used in this investigation is called a gastroscope. It is flexible and has a diameter less than that of a little finger.

Within each gastroscope is an illumination channel that enables light to be directed onto the lining of your upper digestive tract and another that relays pictures back to the endoscopist onto a monitor. During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis; this is painless. The samples will be retained. Photographs may be taken for your medical records.

What is colonoscopy?

This examination is a very accurate way of looking at the lining of your large bowel (colon) to establish whether there is any disease present. This examination also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary.

The instrument used in this procedure is called a colonoscope and is flexible. Within each scope there are illumination channels that enable light to be directed onto the lining of your bowel and which relay pictures back onto a monitor. This enables the endoscopist to determine whether or not disease or inflammation is present.

Preparing for the colonoscopy

- It is essential that you follow the bowel preparation instructions to make sure the doctor or nurse has a clear view of your colon, it must be completely empty. The bowel laxative should be started the day before the procedure.
- We recommend a low fibre diet for 3 to 4 days before the procedure.
- It is also important to increase your intake of clear fluids on the day before your procedure. You may drink water up to 2 hours before your procedure. The list of clear fluids is given on the special diet and bowel preparation instructions.
- We advise that you wear loose fitting clothing, as this should be more comfortable for you during and after the procedure. Please bring a dressing gown and slippers if you can.
- You will also receive a separate leaflet 'Diet advice and bowel preparation for your colonoscopy' to explain how to prepare for your colonoscopy with a restricted diet and bowel preparation medication.
- **One day before:** You should take clear fluids only (no solid food) e.g. glucose drinks Bovril, black tea and coffee with sugar, clear soup and fruit jelly.
- In addition, you will need to take the laxative, which should have arrived with this leaflet, along with clear instructions on how to administer it. If you have any queries, do not hesitate to contact the Endoscopy Unit and someone will assist you.
- **On the day of the examination:** It is very important that your stomach is empty for this investigation, so on the day of your procedures it is important that you continue taking clear fluids up until 6 hours before the examination but only sips of water up to 2 hours before your appointment. You will not become dehydrated, as the laxative effects are short lived.

What about my medication?

Routine medication

- Your routine medication should be taken. If your appointment is in the morning, your medication should be taken at 6am with a little water. However, if your appointment is in the afternoon, your medication should be taken by 8am.

Digestive medication

- If you are having a follow-up OGD to check for healing of an ulcer found during the last 2-3 months, then please continue your acid-reducing medications right up to the day before your repeat endoscopy.
- If you are taking iron tablets, **you must stop these 7 days prior to your appointment.**
- If you are taking stool bulking agents (e.g. fybogel, regulan, proctofibe), loperamide (Imodium), lomotil or codeine phosphate, **you must stop these 5 days prior to your appointment.**

Anticoagulants and Antiplatelet (drugs that affect the blood):

- If you take Aspirin or Dipyridamole, please continue.
- If you take Clopidogrel, Prasugrel or Ticagrelor and DO NOT have any stents in your heart; please stop 7 days before the procedure. If you have a coronary stents, or are unsure, please DO NOT stop taking your anticoagulant medication and call the Endoscopy Unit Nursing Team on 0118 322 7458.
- If you take Dabigatran, Rivaroxaban, Apixaban or Edoxaban, please stop taking this medication at least 72 hours before the procedure. If you have any kidney problems or are unsure, please call the Endoscopy Unit Nursing Team on 0118 322 7458, Monday to Friday.
- If you take Warfarin, please call the Endoscopy Unit Nursing Team on 0118 322 7458.
When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be withheld, so please ensure that the number you give to us, will receive our calls.

If you have diabetes, please read the section called ‘Advice for people with diabetes undergoing a gastroscopy and/or colonoscopy at the end of this leaflet.

How long will I be in the Endoscopy Unit?

This largely depends how busy the unit is. You should expect to be in the unit for **approximately 3-5 hours**. The unit also looks after emergencies and these can take priority over the outpatient list.

What happens when I arrive?

- On arrival, please go to the main desk where the receptionist will check your personal details.
- You will be met by a qualified nurse, who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigations.
- The nurse will ensure you understand the procedures and discuss any outstanding concerns or questions you may have.

- Following sedation, you will not be permitted to drive or use public transport, so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she can contact them when you are ready to go home.
- You will have a brief medical assessment where the nurse will ask you some questions regarding your medical condition and any surgery or illnesses you have had in the past and will confirm that you are fit to undergo the investigation.
- Your blood pressure and heart rate will be recorded and, if you are diabetic, your blood glucose level will also be recorded.
- If you suffer from breathing problems, a recording of your oxygen levels will be taken.
- You will be escorted to the assessment area. Here you will be asked a number of questions about your medical history and have your pulse and blood pressure taken.
- The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.
- You will be asked to undress and put on a hospital gown, dignity shorts, your dressing gown and slippers.
- **Please note your appointment time is your arrival time on the unit, not the time of your test. Your test will happen sometime later. There may be other patients in the Unit who may arrive after you, but are taken in for their test before you. This is for medical reasons or they are seeing a different endoscopist.**
- **If you are having sedation, you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure, you must have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi. If you are having sedation and you do not have anyone to accompany you home, then your procedure will be cancelled.**

Intravenous sedation

- The sedation and a pain relief will be given via a vein in your hand or arm. This will make you slightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation sometimes has an amnesic effect – this means you may not remember the procedure.
- While you are sedated, we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason, you will be connected by a finger probe to a pulse oximeter, which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded at intervals.
- **Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.**

Entonox

- Entonox is a medicinal gas mixture used to relieve pain and discomfort during the procedure.
- Please inform the nurse when you are being admitted for an endoscopic procedure if you are taking any of the following medications:
 - Methotrexate for treating arthritis, Inflammatory Bowel Disease or cancer. Methotrexate can affect your blood cell count.
 - Medicines to treat anxiety or help you sleep, such as diazepam or lorazepam. These medications may increase the effect of entonox
- If you have had any of the following experiences, please tell us before using entonox:
 - Collapsed lung.
 - Decompression sickness or recent deep diving (within past 48 hours).
 - Lung disease or any breathing difficulties.
 - Injuries to face and jaw.
 - Head injuries.
 - Recent eye or ear surgery (not cataract surgery).
 - Known or suspected increased pressure on the brain.

How is entonox used?

- In the Endoscopy Unit, entonox is given to you by the medical team looking after you during the procedure. The team will ensure that entonox is suitable and safe for you to use. You will be given a mouthpiece that is connected to the demand valve system, which only delivers entonox to you as you breathe in.
- Entonox will begin to take effect immediately when you start to breathe in the gas. The effects of entonox will quickly wear off once you stop breathing the gas. You will be able to control how much entonox you use, depending on the amount of pain that you experience.

Entonox and driving/using machinery

- If you have entonox only (and not sedation as well), it is important you feel capable of driving before considering whether to do so. **You must wait at least 30 minutes after using Entonox before driving or using any machinery.**
- The nurse discharging you from the Endoscopy Unit will advise you on safety to drive.

Possible side effects

Entonox may cause side effects, although not everybody will get them.

Common side effects that may occur:

- Dizziness.
- Light-headedness.
- Sickness.
- Tingling.
- Disorientation.

Less common side effects that may occur if you use entonox are:

- Problems with the ear to increased pressure inside the ear.
- Tiredness.
- Bowel enlargement due to trapped gas.

Rare side effects that may occur if you use entonox are:

- Interference with the way your body uses Vitamin B12, may affect your blood cell count.
- Effects on nerve function including sensations of numbness and weakness.
- Difficulty when breathing.

The OGD procedure

- When it is your turn, you will be escorted to the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any further questions.
- If you have any dentures you will be asked to remove them at this point – any remaining teeth will be protected by a small plastic mouth guard, which will be inserted immediately before the examination commences.
- The nurse looking after you will ask you to lie on your left side. She/he will then place the oxygen monitoring probe on your finger. The sedation will then be administered into a cannula (tube) in your vein.
- Any saliva or other secretions produced during the investigation will be removed using a small suction tube, like ones used by dentists.
- The endoscopist will introduce the gastroscope into your mouth, down your oesophagus into your stomach and then into your duodenum. Your windpipe is deliberately avoided and your breathing unhindered. The procedure should not be painful but may cause some discomfort.
- During the procedure, samples (biopsies) may be taken from the lining of your digestive tract for analysis in our laboratories.

The colonoscopy procedure

- On completion of the gastroscopy, the nurse will reposition the trolley you are on ready for the endoscopist to proceed with the colonoscopy.
- The colonoscopy involves passing the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time. The sedation and painkillers minimise any discomfort.
- Gas is gently passed into the bowel during the investigation to facilitate the examination but most of this is removed when the scope is withdrawn from the bowel.
- During the procedure, samples (biopsies) may be taken from the lining of your bowel for analysis in our laboratories. These will be retained. Any photographs taken will be recorded in your notes.

Biopsy

During the procedure, samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained. This procedure is painless and you will probably not be aware of it being done. The results of the biopsies will have to be sent away so their results will not be available straight away. Any photographs will be recorded in your notes.

Polyps

Occasionally, polyps are found during the procedures. A polyp is a protrusion (lump) from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk, and look like a mushroom; whereas, others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

- A polyp may be removed (a polypectomy) in one of two ways, both use an electrical current known as diathermy.
- For large polyps, a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed.
- Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.
- For smaller polyps, biopsy forceps (cupped forceps) are used.
- When having a careful look through the bowel there are certain folds where small polyps might hide. Therefore, there is a small chance that we might miss any potential polyps. The risk is 1 in 5 polyps less than 1cm in size may be missed.

What are the risks of the procedure?

Upper gastrointestinal endoscopy and lower gastrointestinal endoscopy are classified as invasive investigations so it has the possibility of associated complications. These are very rare but it is important that we tell you about them so you can consider this information to make your decision about consenting to treatment.

The doctor who has requested the procedure will have considered whether the risks outweigh the benefits of having the procedure carried out. The risks can be associated with the procedure itself and with the administration of the sedation.

Risks of the gastroscopy examination:

The main risks are:

- **Mechanical damage** to teeth or bridgework.
- **Perforation or tear to the lining of the stomach or oesophagus**, which could entail you being admitted to hospital. Although perforation generally requires surgery to repair the tear, certain cases may be treated conservatively with antibiotics and intravenous fluids.
- **Bleeding** may occur at the site of biopsy and nearly always stops on its own.

Risks of the colonoscopy examination:

The main risks are:

- **Bleeding** (risk approximately 1: 100-200) may occur at the site of biopsy or polyp removal. Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization (sealed by heat) or injection treatment.
- **Perforation** (risk approximately 1 for every 1,000 examinations) or tear to the lining of the bowel. An operation is nearly always required to repair the tear. The risk of perforation is higher with polyp removal.

Risks of sedation:

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Very occasionally, some patients become restless and agitated; in these instances, we may need to stop the procedure.
- Older patients and those who have significant pre-existing health problems, for example, people with significant breathing difficulties due to a breathing condition, may be assessed by a doctor before being treated.

After the procedure

- You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you have diabetes, your blood glucose will be monitored. If you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you will be moved into a comfortable chair and offered a snack
- Before you leave the unit, the nurse or doctor will explain the findings and any medication or further investigations required. She or he will also inform you if you require further appointments. A short written report will be given along with the aftercare information.
- **If you have had sedation, you may feel fully alert following the investigation. However, the drugs remain in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone, try to arrange for someone to stay with you, or if possible, arrange to stay with your family or a friend for at least 8 hours.**

Side effects

- If you experience any of the following problems, please contact your GP immediately, informing them you have had a gastroscopy and colonoscopy:
 - Severe abdominal pain (not cramp caused by wind)
 - A sudden passing of a large amount of bleeding from you back passage (a very small amount of blood – take no action)
 - A firm and swollen abdomen
 - High temperature or feeling feverish
 - Vomiting
 - Persistent sore throat
 - Worsening chest pain
- If you are unable to contact or speak to your own doctor, contact the Endoscopy Unit during office hours (9.00am to 6.00pm) on telephone number 0118 322 7458/5249.
- You can also ring your GP's out of hour's number or ring NHS 111 they can advise if you need to seek immediate medical care or not.
- Alternatively, for out of office hours and weekends, ring Sidmouth Ward on 0118 322 7469, as per the advice leaflet you will be given upon discharge.

Summary of important information

- Gastroscopy and colonoscopy are safe procedure and a very good way to investigate your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible on 0118 322 7459/6869.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7459.

Royal Berks Charity Gastroenterology Support Fund U200

The Gastroenterology Support Fund was set up with the purpose of providing gastrointestinal services that may not otherwise be available through NHS resources. The Gastroenterology Department carries out many hundreds of complex diagnostic test procedures each year and is one of the most technically advanced departments in the UK. Nevertheless, much of the equipment and some of the staffing are funded through non-NHS money raised by donations and charitable resources. In Endoscopy, this funding supports specialist nurse training. In order to expand these facilities and to remain up to date with the technological advances that are continually occurring, further donations are greatly needed and appreciated.



Donate today to the Royal Berks Charity Gastroenterology Support Fund and help make a difference.

Checklist

Things to remember before your procedure

- Read the leaflet carefully.
- If you would like any of this information translated into another language or in large print format, or you need an interpreter at your appointment, please let us know.
- Note appointment date in your diary.
- Wear loose fitting clothing and bring dressing gown and slippers, if possible.
- Follow the bowel preparation.
- Drink plenty of fluids.
- Nothing to eat once you start taking bowel preparation.
- If you have not received the preparation, please ring the Endoscopy Unit on 0118 322 7459.
- Sips of water up to 2 hours before your test
- If you are having sedation, you **MUST** have someone to take you home and have arranged to be supervised for 8 hours once home or your procedure will be cancelled. You will not be allowed home alone in a taxi.
- Bring your medications or repeat prescription with you.
- If you are taking anticoagulants please follow the advice in the leaflet or if unsure ring 0118 322 7458.
- Bring this leaflet with you to the Endoscopy Unit.

Dietary instructions for colonoscopy preparation

- **Fluids allowed:** Once you start taking the laxative, you should take clear fluids only, no solid food. Clear fluids include: tea (no milk), black coffee, water, strained fruit juice, strained tomato juice, fruit squash, soda water, tonic water, lemonade, Oxo, Bovril, Marmite (mixed into weak drinks with hot water), clear soups and broths, consommé. You may eat clear jellies. You may suck clear boiled sweets and clear mints. You may add sugar or glucose to your drinks.
- **Fluids not allowed:** Drinks or soups thickened with flour or other thickening agents.

Advice for people with diabetes undergoing an OGD and/or colonoscopy

Colonoscopy	Gastroscopy
<p>Day before procedure:</p> <ul style="list-style-type: none"> • <u>If not on insulin:</u> <ul style="list-style-type: none"> ○ Leave out all tablets and GLP-1 agonist (<i>Exenetide, Liraglutide, Lixisenatide, Bydureon: Dulaglutide</i>) • <u>If on insulin:</u> <ul style="list-style-type: none"> ○ Reduce the dose of long/ intermediate acting insulin by 20% (divide by 5) (<i>Lantus, Levemir, Degludec, Humulin I, Insulatard</i>) ○ Reduce the dose of rapid acting insulin by 50% (half) (<i>Humalog, Novorapid, Apidra, Humulin S, Actrapid</i>) ○ Reduce the dose of mixed insulin by 50% (half) (<i>Novomix 30, Humalog 25, Humulin M3</i>) 	<p>Day before procedure:</p> <ul style="list-style-type: none"> • <u>If not on insulin:</u> <ul style="list-style-type: none"> ○ Take your medications as normal • <u>If on insulin:</u> <ul style="list-style-type: none"> ○ Reduce the dose of long/ intermediate acting insulin by 20% (divide by 5) (<i>Lantus, Levemir, Degludec Humulin I, Insulatard</i>) ○ No change to Rapid acting insulin (<i>Humalog, Novorapid, ()</i>) ○ No change to pre-mixed insulin (<i>Novomix 30, Humalog 25, Humulin M3</i>)
<p>Day of procedure:</p> <ul style="list-style-type: none"> • <u>If not on insulin:</u> <ul style="list-style-type: none"> ○ Leave out morning dose of all tablets • <u>If on insulin:</u> <ul style="list-style-type: none"> ○ Reduce dose of morning long acting/ intermediate dose by 20% (divide by 5) (<i>Lantus, Levemir, Degludec, Humulin I, Insulatard</i>) ○ Reduce the dose of your morning pre-mixed dose by 50% (half) (<i>Novomix 30, Humalog 25, Humulin M3</i>) ○ Leave out your rapid acting insulin until you are able to eat. (<i>Humalog, Novorapid, Apidra, Humulin S, Actrapid</i>) 	<p>Day of procedure:</p> <ul style="list-style-type: none"> • <u>If not on insulin:</u> <ul style="list-style-type: none"> ○ Leave out morning dose of all tablets • <u>If on insulin:</u> <ul style="list-style-type: none"> ○ Reduce dose of morning long acting/ intermediate dose by 20% (divide by 5) (<i>Lantus, Levemir, Degludec, Humulin I, Insulatard</i>) ○ Reduce the dose of your morning pre-mixed dose by 50% (half) (<i>Novomix 30, Humalog 25, Humulin M3</i>) ○ Leave out your rapid acting insulin until you are able to eat. (<i>Humalog, Novorapid, Apidra, Humulin S, Actrapid</i>)
<p>Remember, you are allowed clear sugary drinks if your blood glucose levels are low i.e. below 5 mmol/L.</p>	

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin):

Please discuss what to do before your procedure with a member of the Diabetes Specialist Team. As a general rule, use a temporary basal rate reduction of 10% (divide by 10) from 6.00am on the morning of the test.

Remember to monitor your blood glucose levels every four hours if you are on insulin. If your blood glucose level falls below 4mmol/L, take 4-5 glucose tablets or 150mls of a glucose drink. Remember to inform a member of staff in the Endoscopy Unit if your blood glucose level is low.

Patient and visitor Park & Ride 300 bus service

If you are coming to the Royal Berkshire Hospital and wish to avoid long waits for parking in the multi storey, please consider using the park & ride bus service. Running Monday to Friday between 6am and 7pm, the hospital park & ride 300 service links the Royal Berkshire Hospital with the Mere oak and Thames Valley park & ride sites. For timetables and more information, visit <https://www.reading-buses.co.uk/services/RBUS/300> or call 0118 959 4000.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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RBFT Endoscopy, May 2024

Next review due: May 2026

Compassionate

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Excellent