PATIENT HANDOUT

Preparing for Your Doctor Appointment

A practical guide to preparing for a GP, gastroenterology or dietetic appointment when living with a gastrointestinal condition

VANCE HEALTH HUB · PATIENT HANDOUT

Preparing for Your Doctor Appointment

A practical guide for anyone living with a gastrointestinal condition, for GP, gastroenterology or dietetic appointments

Whether you're managing Crohn's disease, ulcerative colitis, IBS, diverticular disease, or you're still waiting for a diagnosis, appointments can feel like a lot to fit into fifteen minutes. A little preparation helps you get what you need from the time you have, and a short-list of questions is a genuinely evidence-backed habit: studies of patient "question prompt lists" consistently show they boost confidence, satisfaction and the amount of information covered, even as a single page.[1,2] NICE's shared decision-making guidance likewise recommends agreeing a short "agenda" at the start of each visit.[3]

This guide works alongside the tools already on your VanceHealthHub dashboard. The Health Record lets you store medication, allergies, dietary pattern, flare-up history and a running list of appointment questions in one private place, so you're not trying to remember it all the night before.

AT A GLANCE

Quick-Reference Checklist

Before	On the day	After
– Know who/how you're seeing them – Chase any tests in good time – Write a short health summary – List questions, in priority order	– Take someone, if it helps – Expect 15-30 minutes – Ask for things to be re-explained – Confirm the plan before you leave	– Log any changes to meds/plan – Arrange a second opinion if needed – Raise concerns if unhappy with care

WHO YOU MAY MEET

Your Gastro Care Team

Teams vary by hospital and condition, but you may meet:

Role	What they do
GP	First point of contact; arranges tests, prescriptions and referrals.
Gastroenterologist	Specialist doctor who usually leads overall management once you're under specialist care.
Specialist / IBD nurse	Supports your day-to-day plan and medicines; often easiest to contact between visits.
Dietitian	Advises on nutrition and exclusion diets (e.g. low-FODMAP for IBS).

Role	What they do
Colorectal surgeon / stoma nurse	Involved if surgery or a stoma is being considered.
Pharmacist / psychologist	Medicines review and interactions; mental health and wellbeing support.

If you have IBD you may also see a rheumatologist, ophthalmologist or dermatologist, since it can affect joints, eyes and skin. Ask who is coordinating your care if this isn't clear.

BE READY TO TALK

Telling Your Story, and What to Ask

A short written summary helps, especially if you don't see the same clinician each time: your diagnosis and when it was made, which part of your gut is affected, other conditions, past and current medicines (and why any were stopped), allergies, recent test results, your typical symptoms, and what "normal" looks like for you. Your VanceHealthHub Health Record is built to hold all of this in one place.

Rank your questions by priority so the important ones get asked even if time runs short:

Condition	Medicines	Tests / surgery	Lifestyle & support
– Why do you think it's this? – What's my risk of flare-up? – Am I in remission?	– Benefits, risks, alternatives? – Effect on pregnancy/fertility? – What side effects to watch for?	– What is this test for? – What if I decline surgery? – Recovery time & impact?	– Diet, alcohol, exercise? – Can I still work full-time? – Local support available?

GETTING READY

Practical Preparation & the Appointment Itself

Arrange any requested blood or stool tests (e.g. faecal calprotectin) early enough for results to be back, and bring copies of GP-arranged tests, since hospital and GP systems don't always share data. A second person can offer support and help you remember what's said, so agree beforehand what you'd like their help with.

For phone or video appointments: keep your phone charged and nearby, find somewhere quiet and private, have your medicines list and questions ready, and be a little more explicit than usual since your clinician can't see your body language.

FINDING THE WORDS

Describing Your Symptoms

Symptom	How to describe it
Bowel habit	The Bristol Stool Scale runs from type 1 (hard lumps) to type 7 (liquid, no solid pieces), with 3-4 typical.[4] Also note frequency, urgency, blood or mucus.
Pain	Rate 0 (none) to 10 (worst imaginable). Useful words: aching, cramping, colicky, burning, sharp, bloated.
Fatigue	Describe by what it stops you doing, from "normal activities" to "needing rest most of the day."
Possible IBS	Recurring pain linked to bowel habit, without red-flag features, may fit the Rome IV IBS criteria.[5] A short food-and-symptom diary helps.
Mood	Long-term gut conditions commonly affect mood and anxiety; it's worth mentioning even without a diagnosis.

IF SOMETHING FEELS WRONG

Being Heard, and What Happens Next

If you feel unheard, remember you're the expert in your own experience. Try: “Can you help me understand...” or “So, what you mean is...” and repeat back what you've understood. Before you leave, confirm what to do if you flare up, when you'll get results, and who to contact. You don't have an automatic right to a second opinion, but the GMC requires doctors to respect a patient's request for one.[6] If you're unhappy with your care, raise it with the team first, or contact your hospital's PALS service.

GLOSSARY

A Few Medical Terms Explained

Term	What it means
Flare-up / relapse	When you feel unwell and your condition is active.
Remission	When you feel better and disease activity is low or absent.
Faecal calprotectin	A stool test measuring gut inflammation, often used to tell IBD from IBS.
FODMAPs	Certain fermentable carbohydrates that can trigger IBS symptoms in some people.

Term	What it means
Biologic / biosimilar	A medicine made from living cells used to control inflammation in IBD, and a closely similar licensed version of one.
Personalised care	Having real choice and control over how your care is planned and delivered.

WHILE YOU WAIT FOR YOUR NEXT VISIT

More Support From VanceHealthHub

- **Health Record**: store medication, allergies, diet and a running list of appointment questions in one private place
- **Gastro Health Self-Assessment**: a short questionnaire pointing you to relevant research, tools and recipes
- **Malnutrition Calculator**: track unintentional weight change to raise with a dietitian or GP
- **VANCE-Ai**: a starting point for questions between appointments, not a substitute for your care team
- **Gastro Health Explained & Clinical Data Reviews**: condition pages and referenced research summaries

None of these replace your GP, gastroenterologist or dietitian, and nothing on VanceHealthHub should be used to diagnose or treat a condition.

FURTHER SUPPORT

Other Organisations & References

Crohn's & Colitis UK · Guts UK · The IBS Network · IBD UK (IBD Standards) · NHS 111 (non-emergency advice) · Citizens Advice (complaints & discrimination)

1. Rahim Z, et al. Question prompt lists to support person-centred care: a scoping review. Health Expectations, 2023.
2. Patient prompts in surgical consultations: a systematic review. Surgery, 2022.
3. NICE. Shared decision making, NG197, 2021.
4. Lewis SJ, Heaton KW. Stool form scale. Scand J Gastroenterol, 1997;32(9):920-4.
5. Lacy BE, et al. Bowel Disorders (Rome IV). Gastroenterology, 2016;150(6):1393-1407.
6. General Medical Council, Good Medical Practice, gmc-uk.org.

Medical disclaimer: general information only, not a substitute for advice from your own healthcare team. For a life-threatening emergency, call 999 or go to A&E. If you need urgent medical advice and it isn't an emergency, contact NHS 111.