

## DIRECT ACCESS REFERRAL REQUEST - Gastroenterology Services

### PATIENT INFORMATION

Patient Name:

Appointment Date:  Time:

Address:

Date of Birth:  Phone:

Email:   Insured  Self Funded

Patient BMI <45  Yes (Criteria for day surgery)

### APPOINTMENT INFORMATION

**Request for:**  Colonoscopy  Gastroscopy  Consultation

**Doctor:**  Dr Phillip Leaver  Dr Kavitha Subramaniam  Next available  
 Dr Chris McCue  Dr Andrew Thomson  
 Dr James Riddell  Dr Jeff Van Gangelen

Reason for referral (Symptoms, signs and/or investigation findings prompting referral)

Clinical Details\* (Past medical history, active co-morbidities, current medicines, allergies, adverse reactions)

Is patient currently using anti-platelet or anti-coagulant medicine?

No  Yes (specify)

### REFERRING DOCTOR INFORMATION

Name:

Practice Name:

Provider Number:  Phone:

Signed:  Date:

\*Note: Some patients will not be suitable for open access procedures (BMI>45, mobility issues, serious co-morbidities) please contact ACT Endoscopy to discuss.



## PATIENT INSTRUCTIONS

- You will have a light anaesthetic/ sedation for the procedure
- You must not eat or drink for at least 6 hours before the appointment.
- You may take essential medications with a sip of water
- Please arrange for someone to pick you up after the procedure, also have a responsible adult with you that evening
- Do not drive or operate machinery for the rest of the day
- Please bring a list of your medications
- If you are a diabetic – discuss adjusting the medications with your doctor
- Please inform us if you are taking blood thinning medication eg. warfarin, clopidogrel (Iscover/ Plavix), Pradaxa, Eliquis

### For a colonoscopy:

On the day before the procedure you are required to drink laxatives to clean the bowel so that clear views can be obtained. You will need to obtain instructions for this bowel preparation when you make the appointment at ACT Endoscopy.

### Information

Gastroscopy and colonoscopy are both collectively referred to as an endoscopic procedure. Both involve the use of a tube, with a light and camera, inserted either via the mouth (gastroscopy) or the anus (colonoscopy) to examine the inside lining of the stomach and intestines. Through these procedures we can identify abnormalities, take tissue samples (biopsies), remove precancerous lesions (polyps) along with other techniques if needed. A gastroscopy examines the gullet (oesophagus), stomach and first part of the small bowel. No preparation is needed apart from fasting for 6 hours before the procedure. It typically takes 10-15 minutes to perform.

A colonoscopy examines the large intestines/bowel (colon) +/- the very end of the small bowel. A colonoscopy is the best method to identify polyps in the colon and screen for bowel cancer. Bowel preparation is needed before the procedure to allow the bowel to

be cleaned so that the lining of the colon can be carefully examined. The colonoscopy procedure will require a combination of laxatives and dietary changes on the day before the procedure. You will be advised of your bowel preparation when seen at the pre admission visit.

The colonoscopy typically takes 20-30 minutes to perform. All procedures are performed under light anaesthetic/sedation. The recovery from the anaesthetic is quick so we would expect you to be able to go home within 1-2 hours following the procedure. As a result of the anaesthetic we require you not to drive home and have someone pick you up after the procedure. The doctor will talk with you before and after the procedure to discuss the findings as well as what follow-up (if any) is required.

### What are the risks of gastroscopy/ colonoscopy?

Both procedures are very well tolerated and in the majority of cases there are no side effects or complications

#### More common complications;

- An intolerance to the bowel preparation medications;
- Nausea
- Bloating or a feeling of fullness.

### Uncommon and rare complications

- Perforation, or tear in the bowel wall (<1 in 2000 of cases) this may require an operation
- Bleeding, this is more likely to occur when a polyp is removed. This may result in a repeat procedure or surgery.
- Aspiration – if there is insufficient fasting or excess stomach contents, there is a risk of the stomach contents going into the lungs. This may lead to pneumonia.
- Failure to complete – Rarely the procedure is unable to be performed due to inadequate bowel preparation or technical issues. This may require a repeat or alternative procedure.
- Missed lesions – no medical test is 100% accurate, there is a small chance of missed small polyps and cancers.
- Death – this is an extremely rare complication; but it is a potential risk with any procedure or anaesthetic.

**If you have any questions regarding this information or the risks of procedure, please call (02) 6232 4790 and we can organise a consultation with one of our gastroenterologists.**