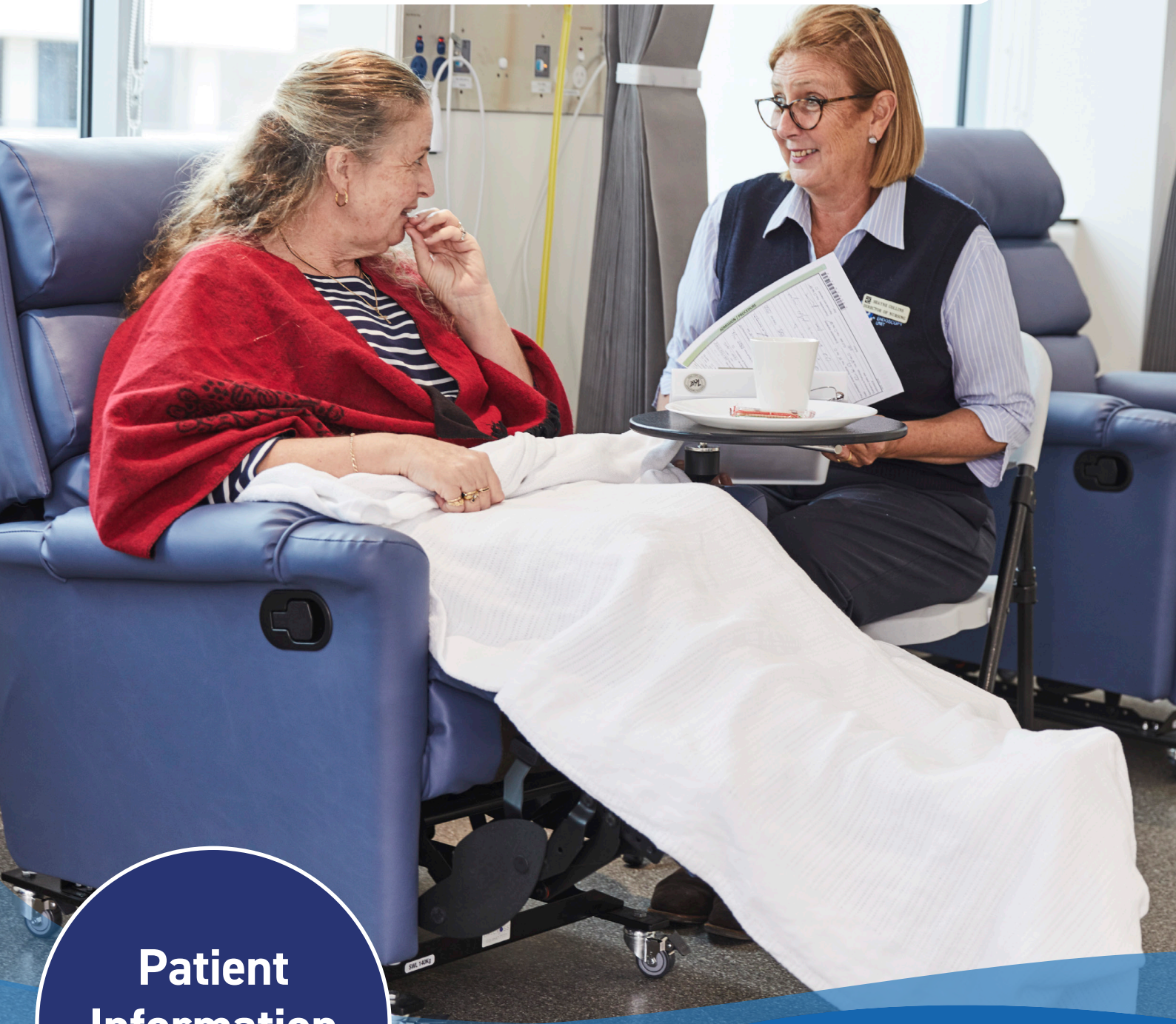


Please ensure you read this booklet prior to your admission day to ensure a safe admission.



Patient Information Booklet



**DEE WHY
ENDOSCOPY
UNIT**

Admission Date:

Approximate Admission Time:

Fasting: Stop Food From

Stop Fluids From

Your Post-Operative Appointment will be arranged by your endoscopists

Dee Why Endoscopy eAdmissions

To complete your admission forms online, visit our eAdmission portal www.preadmit.com.au/patient/deewhyendoscopy and follow these simple steps:

1. Create a new account using your name and email address, and a password selected by you. Click the 'create' button once all this information is filled in. If you are an existing patient, you can 'sign in' using your previous details.
2. You will be given the option to utilise SMS verification, however you are able to "Skip this Setup" if you would prefer not to use it.
3. You will be redirected to your 'My Forms' page. Click on 'Start a New Form' at the top of the page.
4. Complete the form and follow the prompts at the end of each page. You must fill out all questions to the best of your ability.
5. Once you have completed the admission form and the patient health history, you will have the option to upload a copy of the following (if you have one), your signed consent, medications list, or advance health directive.
6. Once you have finished completing the form, simply click the 'Sign Now' and 'Submit' button.

You have now created your admission forms and they are waiting for viewing by our staff.

Create an Account
Already have an account? [Sign In](#)

Surname
Surname ✓
First Name
First Name ✓
Email
email@email.com ✓
Password
..... ✓

Confirm Password

Note: Password must be 8-20 characters long and it must contain at least 1 upper case, 1 lower case and 1 number.

[Create](#)

Privacy Policy

Two Step Authentication

Our goal is to keep your patient data safe. To help secure your information, we can identify you via SMS. You can skip this step below.

[Skip this setup](#)

Enter your mobile number

61 eg. 0121 121 161 [SMS Code](#)

Enter your Verification Code

Enter your 6-digit code [Verify Code](#)

Remember me for 30 days

Didn't get the text? [Re-send Email](#)

Privacy Policy

DEE WHY ENDOSCOPY UNIT

My Forms

Welcome - Jessica Mills

[Start a New Form](#)

Status	Created Date	Form	Submitted Date	Attachments
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If you have any questions regarding your eAdmission please do not hesitate to call us on (02) 9982 6333



DEE WHY
ENDOSCOPY
UNIT

A Member of
cura
day hospitals group

Welcome and thank you for choosing Dee Why Endoscopy Unit

This booklet provides information you need to know before your admission. It details how we will care for you, including important safety information for your stay and at home afterwards. I ask that you take the time to read the booklet and bring it with you when you are admitted.

I encourage you to contact our friendly administration team should you have any questions or concerns about your admission or any of the information in this booklet.

On behalf of the entire team, I wish you a comfortable stay and please do not hesitate to contact me should you require assistance.

Kindest regards,

Rose Lyall

Director of Nursing

In the spirit of reconciliation, Cura Day Hospitals Group acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

A little bit about us

Dee Why Endoscopy Unit, comprising of consulting suites as well as procedure rooms, is a leading provider of endoscopic services for patients and doctors alike. Quality patient care and high standards of safety have always been a priority at the Unit. This combined with the latest state-of-the-art technology secures Dee Why Endoscopy Unit's position as a leading provider of these services in the area.

In 2008, Dee Why Endoscopy Unit became a part of the Cura Day Hospitals Group. In 2017, Dee Why Endoscopy Unit relocated and underwent significant improvement and expansion, including the addition of another operating room, further securing its position as a leading provider of endoscopic services.

Location and Parking

We are located on Level 4 of the Commercial Tower of Dee Why Grand. Underground parking is available via 2 street entrances: either Pacific Pde or Sturdee Pde. Access to the Commercial tower lifts is only from Level P2- the "Blue" level. Please visit our website for more information: <https://curagroup.com.au/dee-why-endoscopy-unit>

What to Bring

- Medicare card, Health Insurance membership card, Repatriation/Veterans' Affairs card, Pension card/Health Care card, Pharmaceutical Entitlement card and other concession cards
- Advance Health Directive/Enduring Power of Attorney/ Guardianship documents as applicable.
- Any paperwork not already forwarded
- Wear warm comfortable loose clothing
- Day patients will need to bring a list of ALL medications including non-prescription medication and how/when taken. Please bring Diabetic, Asthmatic medications and EpiPens .
- Payment for any owing hospital fees.
- Reading material
- Reading glasses and a hard case for your glasses.
- Hearing aids and case.
- Any walking aids.

DO NOT BRING

- Large sums of money and credit cards (apart from any fees required on admission)
- Jewellery (wedding band permitted)
- Handbags
- Anything of sentimental or monetary value

Please note Dee Why Endoscopy will not accept responsibility for the security or loss of valuables or personal property.



My Procedure and Going Home

It is important for your safety that you have a responsible adult accompany you home and stay with you overnight following your procedure.

If this is not going to be possible, please contact us as soon as possible via email so that we can discuss some possible options. Please note that your procedure may be cancelled if these arrangements are not firmly in place.

For the safety of your discharge, our policy is:

- You are accompanied home with a responsible adult & someone to stay the first night
- Do not drive a car or operate heavy machinery until the next day (please refer to your car insurance policy or Workplace Health & Safety regulations following a sedation)
- Do not drink alcohol
- Do not make legal decisions or sign legal documents until the next day
- Rest at home for the remainder of the day and be aware that you will be have a greater risk of falling due to the effects of anaesthetic

My healthcare rights

This is the
**Australian Charter of
Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



Charter of Healthcare Rights

Dee Why Endoscopy subscribes to the Australian Charter of Healthcare Rights and the Charter on the Rights of Children and Young People in Healthcare Services in Australia. The Charter of Healthcare Rights are outlined on the previous page, and copies are available throughout the Hospital, and on our website at: www.curagroup.com.au/about/australian-charter-of-healthcare-rights. Our staff can assist with any queries you may have on any of the information provided above. Copies of this Charter are also available in most other languages. Just ask our reception staff for a copy in the language required.

For more information regarding your procedure, please visit our website at www.curagroup.com.au.

We will ensure physical and emotional safety of all persons and access regardless of gender, marital status, disability, culture, sexual orientation, age, or geographic location, race, colour, language, religion, political or other opinion, national or social origin, property, birth or other status except where the medical status or care needs of the individual patient exceeds the level of care that we are licensed for.

Language Services

If English is not your first language, you are entitled to a free professionally accredited interpreter in your preferred language. This includes those people who are deaf or hearing impaired and communicate through sign language such as Auslan. Generally, a minimum of 24 hours notice is required to book an interpreter. Please ask the nursing staff to arrange one for you.

Informed Financial Consent

You will be provided with Informed Financial Consent and asked to sign this consent on admission. This will inform you of the estimated hospital charges, you and your insurer will incur.

If you have agreed with your Health Fund to pay an excess or a co-payment, you will be asked to make the payment on the day of admission. Please contact your Health Insurance provider prior to the procedure to check the coverage provided by your particular Health Fund.

In the event that services change, or additional prosthetics/consumables are required, an account will be raised and sent to you (if not covered by your insurer).

In addition to the fees charged by us, you may also receive separate accounts from other specialists involved in your care. These may include your Doctor, Anaesthetist, other visiting doctors, or medical specialists who become involved in your care such as Pathology & Pharmacy.

The estimated hospital charges do not include the cost of these separate services. We strongly advise you contact your health insurance company to ascertain your benefit entitlements and any out-of-pocket expenses.

Self-funded Patients

If you are a self-funded patient, please note that the estimate provided to you prior to admission is an estimate only. This is based on the information provided to us from your treating specialist.

If a variation to the proposed treatment occurs, there may be additional fees and charges and an account will be issued to you on or after discharge.

Veterans

If you are a DVA Gold Card holder, you are covered for all medical and surgical procedures covered under the MBS.

If you are a DVA White Card holder, your cover is subject to approval.

If you require transport to or from the hospital, you can either contact the Department of Veteran's Affairs direct on 1800 550 455 or contact us to make those arrangements.

Workers Compensation and Third Party

If you are claiming workers compensation, public liability and third-party, the cost for your procedure will require approval from that insurer prior to admission.

If approval is not received prior to admission, you will be treated as a self-funded patient and will be required to pay the estimated amount on or before the day of admission.

Payment of Account / Estimate of Fees

Prior to admission, our admissions team will be in contact with you to let you know of any out-of-pocket expenses known at that time and options for payment. All patient related expenses will be payable on or prior to admission. A direct debit can be arranged by phone and Dee Why Endoscopy only accepts Visa, Mastercard, Debit Cards, cash and cheques.

Privacy and Confidentiality of Personal Information

Your personal details will be kept strictly confidential. The Privacy Collection Notice provides details of the parties with which we share your information.

My Health Record

Dee Why Endoscopy participates in the Australian Government's My Health Record (MHR) scheme which enables the key health information from your episode of care to be communicated with all your healthcare providers.

At the time of admission please advise the staff if you would prefer not to have the episode of care uploaded to MHR.

Important Information About Your Stay

Visitors

Visitors are not permitted to stay with patients whilst waiting or during procedures unless the following applies, either:

- a) Child patient - One (1) parent/carer for each child patient or,
- b) Dependent adult patient - One (1) carer who assists with daily living needs.

Exceptions to this may be made if you feel that having someone with you prior to your anaesthetic and immediately after would reduce any anxiety you would normally experience, please see the "What Matters to You About Your Stay" section for more information.

Privacy

You will be required to sign a Privacy Declaration when you are admitted. This Declaration will ask you are happy to have a medical or nursing student in attendance (Please note that students will not perform any surgical procedures – they can observe only)

Photographs and Filming

Additionally, whilst your privacy is important to us, we also have strict guidelines about the privacy of our staff. Procedures and staff involved cannot be filmed or photographed without their consent. Additionally, you would be required to obtain consent from the CEO/ Director of Nursing and your treating medical team beforehand.

No Lift Policy

We have a "No Lift" policy to protect both patients and staff from injuries that can result from unsafe lifting practises. Please advise us if you will require assistance with mobility and movement.

No Smoking Policy

We are a smoke free environment. Smoking is not permitted within the hospital nor anywhere else in the building, car parks or the grounds surrounding.

What Matters to You About Your Stay

We acknowledge and appreciate just how stressful it can be when you are coming to hospital for a procedure. Please let our admission nurses know about any special needs, requests, and/or specific goals for your care. It may be as simple as requesting a medical certificate.

We encourage you to be actively involved in all treatment decisions and your care. It is important that you feel the information we are providing you is correct, appropriate, and acceptable to your needs. We call this "shared decision making" and believe this helps keep you safe. If you do not understand the information, please do not hesitate to ask us to explain it again in language that you will understand.

It is very important that you understand what is happening to you so we encourage you to ask questions.

Cura's Commitment & Open Disclosure

Cura's Commitment is a three-step process designed to support patients of any age, their families and carers, to raise concerns if a patient's health condition is getting worse/ not improving as well as expected. Information will be provided to all patients/carers at admission about Cura's Commitment escalation process and Cura Commitment posters identifying the process are available.

Dee Why Endoscopy will provide open disclosure if things don't go as planned with the care we provide. Open disclosure assists patients when they are unintentionally harmed during health care. If you have been harmed during your treatment, your doctor or the CEO/ Director of Nursing or delegate will talk with you or your carer/ family members about this. Open disclosure will:

- Inform you and help you to understand what went wrong with your care
- Let you know what is being done to investigate what went wrong
- Explain the consequences of the incident to you and your carer
- Assist with any support you might need
- Let you know the steps the hospital will be taking to make care safer in the future.

We strongly encourage our staff, as well as patients/ carers and families to identify and report when things go wrong or when harm occurs. This enables us to continually improve our care and safety for all patients who attend Dee Why Endoscopy.



What is Direct Access Colonoscopy and/or Gastroscopy?

If you have been referred directly by your GP then this is called "Direct Access" colonoscopy. This means your GP wants you to have the procedure without a prior consultation in the Specialists private rooms. Not all patients are suitable for Direct Access. Therefore, we have a robust preadmission assessment process to ensure you have a safe admission.

Why has your GP Referred you?

There may be many reasons your GP has referred you for a colonoscopy. Some of which may be:

- Positive Faecal Occult test
- National Bowel screening program
- Family history of colon cancer (consistent with the National Health & Medical Research centre Guidelines for bowel cancer screening)
- Significant or unexplained rectal bleeding.
- Unexplained change in bowel habit
- Reflux symptoms
- Difficulty swallowing
- Follow up Barrettes screening

What is a Colonoscopy?

A colonoscopy is an examination of the large bowel/colon using a long flexible tube with a video camera on the end which will capture images that can be viewed by the proceduralist on the screen. This tube is inserted into the anus and moved through your colon. During this time the specialist proceduralist checks to see if anything suspicious is growing in the lining of the bowel such as polyps. Treatment such as biopsies and/or removal of polyps and treatment of haemorrhoids may also be performed during the colonoscopy.

You will be positioned comfortably on your left side by the trained theatre staff. The specialist anaesthetist will remain present and give the sedative drugs (anaesthetic agents) via a small needle in a vein in your arm or the back of your hand. You will be asleep throughout the procedure.

What to Expect with Bowel Preparation?

For the Colonoscopy to be successful, it is important your bowel is totally clean so that the proceduralist can see the lining of the bowel clearly. Some tips before you start:

- After taking the initial preparation, timing to a bowel movement varies between individuals. It may be as soon as half an hour to as long as 3 hours.
- You need to drink all of your bowel preparation as this may

- Ensure you are drinking frequently to avoid adverse effects like dehydration which can be related to the loss of water and /or electrolytes with the increased frequency of bowel motions. Important to drink fluids from the "Clear Fluids" list provided.
- Make sure you have a toilet nearby.
- Moist baby wipes can be used instead of toilet paper as they are less abrasive.
- Barrier creams (e.g. Amolin, Vaseline, Bepanthen) protect your delicate skin.
- Bowel movements initially may be formed stools, which then progress to become a watery consistency and lighter in colour (like weak black tea).
- If you feel the bowel prep is not watery & light in colour or working, please call Dee Why Endoscopy prior to arrival to discuss on (02) 9982 6333.



What are the Potential Risks Associated with your Procedure?

Together with a robust pre-assessment and provision of instructions, a Colonoscopy is considered a safe procedure and major complications are rare. However, treatments/ procedures carry risks with some including:

Bowel Preparation

- Nausea
- Dizziness, fever or severe headache.
- Please contact the Hospital if you are not feeling well and we will notify your Proceduralist)

Anaesthetic

- Reaction to anaesthetic drugs
- Cardiac or respiratory arrest related to sedation / anaesthesia
- Aspiration

Colonoscopy

- Bleeding following removal of polyps
- Bowel perforation (a hole in the bowel that could require surgery)
- Infection
- Missed pathology
- Acute diverticulitis can be exacerbated
- Incomplete colonoscopy (e.g. if bowel preparation is inadequate)

Gastroscopy

- Perforation of the upper gastrointestinal tract
- Haemorrhage following the removal of polyps
- Introduction of infection
- Cardiac or respiratory arrest

PROVIDING CONSENT

Your proceduralist will explain the benefits and risks of a colonoscopy prior to the procedure on the day.

What is a Gastroscopy?

A gastroscopy, sometimes referred to as an Endoscopy, is the passage of a small flexible lighted tube through the mouth into the stomach and allows the doctor to visually examine the lining of the oesophagus, stomach and duodenum. To aid diagnosis, biopsies may be taken during the gastroscopy.

The sedative drugs (anaesthetic agents) are given by a specialist anaesthetist, via a small needle in a vein in your arm or the back of your hand. You may have no memory of the procedure after it is over.

You will stay in our unit for approximately 2-3 hours, but please check this with the Admitting Nurse on arrival.

Before discharge you will be given a written report and instructions regarding follow-up treatment or appointment, if necessary. A report will also be sent to your referring Doctor. A nurse will contact you prior to your admission to discuss your procedure. This is a good opportunity for you to ask any questions.





medicalDesigns

2:50

Patient Journey

1.

Pre procedure assessment

Following admission, you will be shown to the waiting area where a TV is there for your entertainment. You will not be here long. A nurse will then take you to the pre-operative assessment room where your identification details will be cross checked to ensure they are correct. This will include your consent form information. Your observations, blood pressure, pulse and breathing rate, blood oxygen levels, blood sugar levels, and your weight will be checked. If you do not wish to know your weight, please inform the nurse and they will not tell you. Please note that your weight does have to be documented on your medical record forms though as this assists the Doctors to know what amount of medications can be safely given.

The admission nurse will discuss your health history, allergies, and medicines again and complete any further assessments that may be required. These can include falls risk assessment.

2.

Wait area before your procedure

Once your nurse assessment is complete, you will be directed to a change room and when you are ready, you will be shown to a bed and provided a warm blanket.

The Anaesthetist will then visit and do a preoperative assessment to discuss your intravenous sedation.

The Proceduralist will also see you to discuss the details of your procedure.

3.

The Procedure room

Once the Theatre staff are ready for you, the nurse and Anaesthetist will move you into the procedural room & position your bed in the centre of the room. It may feel a bit colder, so please inform the staff and they will address this.

The anaesthetist and nurse will assist you into a comfortable position and prepare you for Intravenous Sedation. This will include: inserting a drip into your arm for your anaesthetic, other routine monitoring devices and either a oxygen mask or nasal prongs to provide extra oxygenation. Before long, you will be asleep.



4.

Post procedure/recovery room

When your procedure is finished, you may start to wake up in the procedure room or Stage 1 Recovery Room, where you will feel drowsy from the anaesthetic.

The recovery nurse will keep a very close eye on you, checking your observations, ensuring you are as comfortable as possible. As you recover you will be offered a drink.

Once you have been safely recovered (after about 30 minutes) the nurse will assist you to get dressed and then walk you to Stage 2 recovery/discharge area. Here you will be seated in a comfortable recliner chair and offered something to eat and drink. You will stay here anywhere from 30 minutes to 1 hour.

Your Procedurelist will see you here to discuss any findings from your procedure, post-procedure instructions and also provide you with a written Endoscopy Report.

5.

Discharge time

At discharge, our nurses will provide you with the Doctor's instructions for your care at home, when you need to make your follow up appointment and any scripts that you will need to have filled at your local pharmacy. Additionally, we will complete a discharge summary for you to take home and if you have consented, we will upload this to My Health Record so that your General Practitioner and other health care providers will have details of your stay with us including any changes to medications.

Your Procedurelist will send an Endoscopy report to your referring GP. If required your GP will further discuss the results with you at your next follow-up appointment. (Please allow up to 1 to 2 weeks for pathology reports to be available before seeing your GP for follow-up appointment. It is also a good idea to take your Endoscopy Report with you to your GP on the day.

6.

After discharge/at home

Once you are at home, you may receive a telephone call from a nurse within 1-2 business days of your discharge. This will depend on what procedure you have done. This phone call will discuss your recovery at home and more specifically, how you are managing with your IV site, pain and wound care if applicable.



Health History Form

Please ensure that you have completed and returned your health history form to us at least seven business days before your procedure.

A nurse will contact you after reviewing your Health History Form prior to your procedure to discuss any issues requiring further assessment. It is very important to complete this form ASAP to assist the nurse with this process, as there can be the need for additional pre-op instructions up to one week prior to your admission. eg. providing an extended bowel prep regime, ceasing certain medications.

Day Before Admission

You will receive a call from the hospital the business day prior to admission to confirm your arrival time and check all administrative and clinical preparation are in order. Any administrative queries will be dealt by the patient services and any clinical will be assisted by the nurses.

Admission Day

Please arrive at reception on Level 4 Dee Why Grand Tower to commence your admission process. You can expect to stay at Dee Why Endoscopy for 2-3 hours.

We make every effort to ensure your wait period for your procedure is as minimal as possible but there are times when situations beyond our control may require you to wait for a longer period. We apologise in advance for this inconvenience should this be the case.

Please be aware that an early arrival does not necessarily mean patients are admitted earlier than their advised time. Some patients who are in the waiting room or arrive after you, may be going into one of our procedure rooms with another Doctor.

Advise our admission staff if you are uncomfortable in the waiting room and we will look at other options to make you more comfortable.

Your Medicines

For your safety, it is important that you tell our nurses of all your past and current surgical and medical history. We also need a detailed list of all your current medications including over the counter medications (without a prescription) and vitamins and natural / herbal medicines.

If you are on any of the following medication/supplements, please note the nurses will need to know this a good week prior to admission as these need to be assessed:

- Blood Thinners? e.g. Apixaban, Plavix, Pradaxa
- SGLT-2 Inhibitors? e.g. Forxiga, Jardiamet, Glyxambil, Xiduo.
- Iron Tablets

Whilst you are with us, we will let you know about any new medicines we are giving you, including why you are having them and what side effects to look out for.

On every occasion prior to giving you any medication, we will ask for your full name, date of birth and any allergies.

Preventing Blood Clots

Blood clots (or as we in the medical world call them Venous Thromboembolism (VTE)) are serious. It is very important that you know how to reduce your risk of developing them from your surgery.

There are two different kinds of blood clots:

a) Deep Vein Thrombosis (DVT): occurs when blood clots form in veins, usually deep inside the legs or in the pelvis, where they may cause symptoms like pain, tenderness, redness, or swelling of the leg.

b) Pulmonary Embolism (PE): occurs when a blood clot breaks off and moves through the veins and blocks blood vessels in the lungs. This may cause symptoms like shortness of breath, coughing up blood, chest pain, faintness, and loss of consciousness, and can be lethal if the clot blocks enough blood vessels in the lungs.

It is important that you complete the health history prior to admission to ensure we know in advance about any history of risks of or actual blood clots. On the day of admission, the nurse will assess your level (if any) of risk. Additionally, any risks will be discussed with the Anaesthetist. You may be prescribed additional blood clot prevention devices (such as compression socks) or medication following surgery, depending on your risks, and any contraindications to the devices or medication. It is important you mobilise early and perform regular leg exercises whilst you are sitting or lying down. Before leaving, you should ask your doctor what you will need to do at home and for how long. The nursing staff will document any at home requirements on the discharge paperwork for you and your GP to see.

While in hospital, and after you go home, it is important that you immediately tell your Nurse or your Doctor if you experience any pain, tenderness or swelling in either leg, or any shortness of breath or chest pain. You must not ignore these symptoms.

Be Involved and Ask Questions

It is your right to know what is going on with your health and health care and to ask questions if you don't feel that you understand what is being said.

It is important for your safety that you speak up if you feel that something is not quite right. You understand your own body better than all of us and you must trust your own intuition. Please ask for the CEO/ Director of Nursing if you feel your concerns/doubts are not being listened or responded to. You must feel satisfied that any concerns/ doubts you have about your care and treatment have been heard and are being addressed appropriately.

Correct Identification

For your safety, you must check that the information on your armbands and the labels for your medical records are accurate. Ask to see your consent form and read this very carefully before your procedure and before you have any medicines that can make you drowsy. Make sure that what is written is what you consented to when you signed the form. If there is any doubt about it being correct, let the staff know immediately and do not proceed with your procedure until you are satisfied that the information is correct.

On every occasion, prior to any procedures being performed or we hand your care over to another staff member, we will again ask you your name and date of birth, and check this against your identification band and the labels on your medical record.

Shared Decision Making “Handovers”

For your safety, it is important that you are involved in all “handovers” about you and your care. We encourage you to listen carefully to what is being said about you from one healthcare provider to another. If there is anything said that you do not believe is correct or do not agree with, we ask that you please speak up immediately, and let the healthcare providers know. Your valuable input regarding your health and care is important to ensure your safety throughout your stay at Dee Why Endoscopy.

Preventing Falls in Hospital

Unfortunately, falls can happen more easily when you are unwell. Many factors can contribute to this, such as; poor balance, low blood pressure, medications, being inactive, unfamiliar places, poor eyesight, and unsafe footwear.

You will be assessed for the risk of falling when admitted and whenever your condition changes throughout your hospital stay. If you are identified as at risk, a special care plan will be developed in collaboration with your and/or your carer.

Listed below are some ways to reduce the chance of falling when in hospital:

- Wear comfortable clothing - not too loose or too long
- Avoid slippers and do not walk around in compression stocking without shoes. Your shoes should be well fitting, low heeled with non-slip soles
- Take your time to get up from the seated position or lying down
- Let us know if you feel unwell or unsteady on your feet especially when using the bathroom
- If you have walking aids, you must bring these with you. If staff recommend assistance or supervision when walking, remember to ask and wait until that support arrives

- Bring your glasses with you and wear the correct pair for walking. Take special care if you are using multifocal lenses
- Tell us immediately about any clutter or spills.

Preventing Falls at Home

Once you are back at home, the following tips can help prevent falls.

- Walk tall with your head up high and use a walking aid when necessary
- Have your annual eye check and give yourself time to adjust to new glasses
- Make sure your outdoor steps are well lit and have sturdy handrails. Check and repair uneven paths, decking and driveways. Keep pathways clear
- Inside your home, make sure all areas are well lit especially stairs and steps. Remove rugs that can easily slide or secure them appropriately
- Ensure walkways are free of obstructions
- Fit bathrooms and kitchen with non-slip surfaces and use non-slip mats
- Clean up spills straight away, taking care to use support when bending down and returning upright.
- Install handrails by stairs or steps and in bathrooms and toilets
- Install a night light or lamp that is easily reached if you need to get up frequently or keep a torch handy
- Keep frequently used items within easy reach to avoid using a stepladder or chair
- Be aware of pets moving around the house
- Make sure you have all your medicines regularly reviewed and that you understand the effects of your medicines. i.e., pain killers
- Have regular checkups with your GP to discuss concerns
- Make sure you tell the Doctor all the medicines you are taking including vitamins and herbal medicines
- Do 30 minutes of gentle exercise each day to improve posture and balance
- Choose correct and safe footwear



Pressure Ulcers

Pressure Ulcers are a sore, break or blister of the skin caused by constant unrelieved pressure on an area of the body that occurs over time (such as wearing ill-fitting or new shoes).

Unrelieved constant pressure is the main cause but also friction, dragging the skin when sliding down or up the bed, and/or too much exposure to moisture. Pressure ulcers can be very painful and can take a long time to heal. They may reduce your mobility.

Those at greatest risk are the frail, elderly or any person confined to bed or a chair, and/or has poor control over bladder or bowel function, poor diet or fluid intake, diabetes, poor circulation, smoking, reduced mental awareness due to illness, medications, or anaesthetics. Pressure Ulcers are more likely to occur on bony areas where there is less padding.

Your skin will be checked on admission and following your procedure. Watch for early signs of Pressure Ulcers such as constant redness, broken or blistered skin, localised pain, tingling or numbness. Check your skin regularly, or ask another person (such as a nurse, or carer) if you're unable to do this yourself.

Avoiding Infection

Dee Why Endoscopy has a comprehensive infection prevention and control program in place. Our facility and staff are regularly audited for compliance with national infection prevention and control guidelines, Australian Standards for reprocessing of reusable instruments and the Australian Commission of Safety and Quality in Healthcare [ACSQHC] National Safety and Quality Health Service Standards.

It is our practice or process for staff and doctors to wash their hands before touching you and when performing any procedures, but please speak up if you don't witness this. The following are some suggested additional ways of helping to prevent infection before and after surgery:

- Prior to surgery do not shave the area to be operated on
- Wash your own hands vigorously for at least 20 seconds after using the bathroom, taking out the rubbish, changing nappies or assisting others to the toilet, handling cash, and playing with pets
- Ensure you, and all visitors, practice good cough etiquette. Cover mouth and nose with a tissue when coughing or sneezing, place the tissue in a bin and wash your hands
- It is very important to notify your Surgeon or GP immediately, or attend any emergency department out of hours, if you notice any signs of infection. These include redness, swelling, pain, smell, or unusual ooze at the wound or other procedure sites, including where the cannula ("drip") was inserted

- If you get an infection please contact us by email or phone after you have first sought medical attention. We need this information to help us with ongoing improvements in preventing infections in the future
- Smokers should try to cease smoking before admission or at the very least, cut down
- Carefully follow the Doctors' instructions on the treatment and care for any existing wounds
- Avoid close contact with people who have an infectious condition and ask people to avoid visiting if they are unwell.

After discharge, if you develop an infection within 30 days of your procedure, please contact your Surgeon and please also advise us. If you are prescribed additional antibiotics please let us know, so that we can investigate. Our facility collects and reports on this information to ensure proper infection control procedures are followed.

Intravenous Drips

If you need medicines or fluids directly into the bloodstream, a small flexible tube will be inserted into a vein. This device is called a PIVC or an IV, cannula or drip. It is usually inserted into a vein in the arm or hand and is connected to medicines, and fluids as needed. As you will be having a procedure, a drip might be needed to give the anaesthetic. Your Anaesthetist will explain this and will ask questions to ensure you understand why the drip is needed. It is very important that you tell the Anaesthetist about any drip complications you may have had previously. They will make every effort to reduce any unnecessary discomfort and prevent further complications.

Following surgery, the drip site will be monitored by the Nurses and Doctors regularly and they must always wash their hands before touching the site. Remember that it is acceptable to remind them to do this, as stated previously.

It is also very important that you don't touch or move the drip at the insertion site. If you notice anything that you think is of concern, please let the Nurse know. For example:

Leakage around the insertion site, or

- Any signs of infection such as pain, swelling or redness around the insertion site, or
- Loose or wet/bloodstained dressing covering the drip site.

Antibiotics

Before a surgical procedure, antibiotics may be given to you to reduce the risk of getting an infection. Any antibiotics provided will be based on current specialist advice.

If you are prescribed antibiotics, the Doctor should discuss which medicine is best for you after considering any allergies or other health conditions you may have as well as the cause of the infection. If you are concerned about taking antibiotics, please let your doctor know as they may be able to give you more information to allay those concerns.

Make sure you always finish the course prescribed. You should be provided instructions by either your Doctor or your Pharmacist when you fill your prescription about the following:

- When to start the medicine
- How many times a day to take, use or apply the medicine
- Whether to take tablets or capsules with food or on an empty stomach
- How the medicine may affect other medicines you use
- What potential side effects might present?
- Depending on the type or risk of infection, any signs and/ or symptoms which may require you to seek urgent care
- When to stop the medicine.

Pain Management Information for Patients

Pain relief medicines known as “opioids” may be ordered for you post operatively but they can have serious effects such as nausea and vomiting, itchiness, and constipation, through to severe problems such as an inability to stay awake or difficulty in breathing, which may be life-threatening. Long-term harms include dependence and addiction.

Rest assured that while you are with us, we will be monitoring you carefully and will provide other medicines for any of these side effects. Other options to help your post-operative pain should include non-opioid medicines such as paracetamol and anti-inflammatories, and other treatments such as heat packs, ice packs, exercise or physiotherapy. Together, you and your Doctor and/or Nurse might decide that a combination of two or more treatments is best for you.

If you leave us with a prescription for opioid, you must talk with the Pharmacist who fills your prescription about the instructions for use. These questions need to include:

- How many times a day to take the medicine and if the medicine should be taken with food or without food
- Whether the medicine will affect other medicines you use
- How to manage the side effects.
- How to safely store these at home and when/how to dispose of them so that they are not accidentally used by anyone else in your family

Anaesthesia

Depending on the type of surgery and anaesthetic, you may experience one or more of the following:

1) Sore throat

This may occur if you have had assistance to breathe during your procedure. This should disappear within 48 hours. If your throat is still sore beyond this time, consider seeking medical advice.

2) Nausea and Vomiting

This can occur in the first few hours after anaesthetic. If so, try sips of fluid first and gradually increase to a light diet. Do not eat heavy or spicy foods.

3) Pain

If you experience pain or discomfort, take the pain medication that has been recommended. If your pain persists, or is not relieved, seek medical attention immediately.

4) Surgical Wound

If you experience excessive leakage or bleeding from your surgical wound site, seek medical advice immediately.

5) Discomfort at your injection or drip site

Pain and bruising may occur at the injection site, but this should disappear in a few days. If it doesn't, seek medical advice.

6) Inability to concentrate

It is quite normal to feel tired and unable to concentrate for a day or two after your anaesthetic but if this continues seek medical advice.

If you have problems, you should either

- Contact your Doctor
- Contact your GP
- Go to the nearest Emergency Centre
- Ring Health Direct on 1800 022 222

Anaesthesia and your Procedure

Almost all surgical procedures require some form of anaesthesia that will be administered by a qualified and registered Anaesthetist. The Anaesthetist will see you after you have been admitted and before your procedure commences.

Please complete the Patient Health History Form as fully as possible. Your Anaesthetist will rely on the information provided to assess your specific anaesthetic requirements. Anaesthesia is an important part of your procedure and the information you provide assists in minimising risk and may influence the type of anaesthetic used. Please take special care to detail

- All medications you are taking, the dosage and how often you are taking the medications including: complementary (herbal/alternative/vitamins) medicines
- For women, if you are taking an oral contraceptive or hormone therapy
- Any serious medical problems such as heart disease, asthma, or diabetes
- Any allergies or drug sensitivities
- Use of recreational drugs, tobacco, or alcohol
- Past anaesthetic experiences and/or immediate family experiences
- Loose or broken teeth, caps, plates, implants, or dentures
- Height and weight used to determine your body mass index (BMI). There is a higher risk of anaesthetic and post-operative complications associated with patients who have a high BMI. For your safety, Dee Why Endoscopy has a strict admission policy regarding BMI. Please be aware that your procedure may need to be cancelled if your BMI is too high. If you have any concerns about this, please contact us prior to your admission.

Preparing for your Anaesthesia

There are several simple things you can do to make your anaesthesia safer and improve your general health condition prior to your procedure:

- Get a little fitter - moderate exercise such as walking will improve your general physical fitness and aid your recovery.
- **DO NOT** smoke on the day of your procedure - ideally cease smoking six weeks prior to the procedure.
- Minimise alcohol consumption.
- Continue to take any drugs which have been prescribed unless advised by your Doctor to cease pre-operatively, but remember to let your Anaesthetist and Doctor know what they are.
- Carefully follow your fasting instructions provided which will be reminded by a call from the hospital staff the day before your procedure.
- Inform your Anaesthetist if you use recreational drugs as these may interact with the anaesthetic.
- If you have any concerns about your anaesthesia, make an appointment to see your Anaesthetist before admission to Dee Why Endoscopy to obtain the answers you need.



Patient/Carer feedback

Dee Why Endoscopy Unit encourages patient/carer feedback. We view feedback as necessary to enable us to continually improve our care and services. Your input will provide us with the opportunity, not only to maintain our high standards, but to improve these where needed.

On the day of your procedure, please look for our Dee Why Endoscopy Safety & Quality Board in the patient waiting area. Here you will see the results from previous feedback.

There are several ways you can provide feedback:

- Let us know in person. We will always make ourselves available to listen.
- Contact us via email or phone (contact details below).
- Phone Cura Day Hospitals Group Head Office on (07) 3218 3700
- Place your comments on our website. These are monitored daily.

If you are not satisfied with the way we have responded or handled any concerns, or you wish to raise any concerns with an independent authority, you can also contact:

- Health Consumers Council on 08 9221 3422 or 1800 620 780
<https://www.hconc.org.au/individual-advocacy/useful-links-for-individual-advocacy/>

or

- Complaints Ombudsman New South Wales on 08 9220 7555 or nswombo@ombo.nsw.gov.au

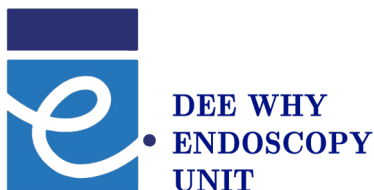
Additionally, on discharge, all patients will be provided a Patient Experience Survey to take home. Please return these in the self addressed envelopes, as we value the feedback to ensure we are providing the best patient experience.

Consumer Advisory Group

Dee Why Endoscopy Unit has a Consumer Advisory Group that meets at regular intervals during the year. The group comprises individuals who have either been a patient or have a family member or friend who has been a patient with us.

The purpose of this group is to provide invaluable feedback as to how we might address the needs of our patients and their families/visitors.

We welcome new members to assist us to continually improve our care and services. If you would like to be considered joining our Consumer Advisory Group, please do not hesitate to get in contact with us via our contact details below.



Contact Person:

Rose Lyall | Director of Nursing

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✉ reception@deewhyendoscopy.com.au

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