

# MEDICAL ADMISSION

Affix patient label

COLONOSCOPY

GASTROSCOPY



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**INDICATION:**

**SPECIFIC RISKS:**

**ADDITIONAL ACTIONS:** H.P. test, dilatation, biopsy, ileoscopy, **ENEMA?**

**GASTROSCOPY/COLONOSCOPY:** Gastroscopy and colonoscopy are modern procedures where a tiny video camera is passed gently into the stomach or bowel under light anaesthetic. You **must** arrange for an adult to take you home after the test. You must not drive, work, operate machinery or make important decisions until the next day. The gastroenterologist can obtain very accurate pictures of the inside of your stomach or bowel and take samples and remove small growths at the same time. You are unlikely to feel or remember the procedure. Patients referred for a colonoscopy will need to collect a bowel preparation kit and further instructions from us at least 3 days prior to the appointment. You must not have anything to eat or drink for 6 hours prior to the appointment.

**MEDICINES:** Please advise us if you are taking WARFARIN or DIABETIC medication. We may recommend special instructions for you, otherwise you should continue to take all your normal medications.

**WHAT ALTERNATIVES DO I HAVE?:** Bowel problems can sometimes be diagnosed by using x-rays and scans or testing for blood in the faeces. These are safe investigations but generally not as accurate as endoscopy. It is not possible to take samples and remove small tumours with x-ray.

**WHAT HAPPENS AFTERWARDS?:** Both before and after your procedure, you will have time to talk with the gastroenterologist and anaesthetist performing your test. You will receive your own copy of the endoscopy report afterwards.

## ACKNOWLEDGEMENT AND REQUEST FOR PROCEDURE

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure.

I have read the information sheet and risks of the procedure, including the risks that are specific to me. The doctor has explained other relevant treatment options of **not** having the procedure. I was encouraged to ask questions and raised concerns with the doctor about my condition, the procedure and its risks and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that if biopsies (tissue samples) are removed during surgery, these may be tested for disease and then disposed of sensitively by the pathology provider.

I understand that no guarantee has been given that the procedure will improve my condition, and that the procedure may make my condition worse.

On the basis of the previous statements, I REQUEST TO HAVE THE PROCEDURE.(Gastroscopy / Colonoscopy)

Patient signature:    **X**..... Date: .....

Doctor's signature:   **X**..... Doctor's Name: .....  
(Please Print)