



Name

Date of Birth

Address

Telephone (H)

Telephone (B)

Medicare No.

REFERRED AND ASSESSMENT FOR

- | | |
|--|--|
| <input type="radio"/> Gastroscopy | <input type="radio"/> Consultation Paed. |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Dietitian |
| <input type="radio"/> Capsule Endoscopy | <input type="radio"/> Continence Physiotherapist |
| <input type="radio"/> Consultation Adult | <input type="radio"/> Psychologist |

CLINICAL DETAILS

REFERRING DOCTOR DETAILS

PATIENT CATEGORY

RESULT

- | | |
|---|---|
| <input type="radio"/> Private Insurance | <input type="radio"/> Argus |
| <input type="radio"/> Uninsured | <input type="radio"/> Promedicus |
| <input type="radio"/> Pension/HCC | <input type="radio"/> Fax |
| Copies to | <input type="radio"/> Report given to patient |
| Date | |

Doctor's Signature

Endoscopy & Consulting Location

90 David Street
Dandenong Vic 3175

T - 03 9791 8788
F - 03 9792 1508

- Dr David Rubinstein
- Dr Wayne Friedman
- Dr Malcolm Barnes
- Dr Jacqui Dobson

Gastroenterologists

- Dr Kristen Bechly
- Dr Shara Ket
- Dr George Alex (Paed.)
- Dr Rupert Hinds (Paed.)

Contraindications to Open Access:

- 80+ years of age
- BMI greater than 35
- Any major heart, lung or kidney disease or complications
- Is taking blood thinning medication eg Warfarin, Clopidogrel etc.
- Type I Diabetes Mellitus or Type II on insulin
- Any history of anaesthetic reaction or sedation issues



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Your doctor has referred you to our centre for either a procedure or consultation. When making the appointment please advise our staff which one you are booking for.

Patients referred for a colonoscopy are advised to collect a bowel preparation kit from our pre-admission clinic at least one week before your procedure

IT IS IMPORTANT TO READ THE OTHER SIDE OF THIS SHEET - PLEASE TURN OVER

Risks of Colonoscopy and Gastroscopy

We aim to provide the best quality digestive healthcare for you in an efficient and high quality, safe and friendly manner. However, as with all medical procedures, there is some risk. Our centre has policies and procedures in place to manage and minimise risks to our patients.

For your information some of the possible risks of gastroscopy and colonoscopy are listed below.

Common Problems	What happens?	How do we treat the problem?
Bloating & Abdominal Discomfort	There may be some air remaining in the large bowel as a result of the procedure.	Usually no treatment is required. Walking and moving around helps to pass the trapped air.
Nausea and vomiting Bruising at injection site	Some people experience nausea and/or vomiting as a result of the anaesthetic. Some patients may experience some soreness and reddening or bleeding at the injection site	Medication can be given for nausea and vomiting and generally relieves symptoms quite quickly. Applying pressure to the area will stop the bleeding. A pressure bandage and cold packs may be applied to minimise the bruising. The bruising is not serious and will usually resolve within a week.
Reaction to bowel preparation	Occasionally patients may experience headaches and poor absorption of normal medications include birth control and anticonvulsant medicine. Changes in the blood salt levels (electrolytes) may occur.	Taking your medication at least 2 hours before preparation is advised. We may give fluids to you via the vein and medicine to relieve the headache and nausea. If you are taking oral contraceptives, additional methods of contraception are suggested until the next menstrual cycle.
Uncommon Problems	What happens?	How do we treat the problem?
Bleeding	Major bleeding from the stomach or bowel can occur in 1 in 10,000 people following a biopsy, and 1 in 1,000 after the removal of polyp. Sometimes bleeding may occur up to 12 days after the procedure.	Bleeding usually settles without further treatment. Sometimes another gastroscopy or colonoscopy may be needed to stop the bleeding after polyp removal. Rarely, you would be transferred to hospital for observation. Occasionally a blood transfusion, or surgery is necessary.
Abdominal Pain	Burning of the bowel wall following removal of polyps can occur in 1 in 500 people. This may cause severe abdominal pain, rapid pulse and fever between 12 hours and five days after the procedure.	Most problems settle within 48 hours, but you should contact us and go to hospital for a check up to ensure that the bowel is not perforated. It may be necessary to give antibiotics, arrange x-rays, blood tests and observation in hospital. We may ask for a surgical opinion.
Rare Problems	What happens?	How do we treat the problem?
Damage	Rupture or tearing of the spleen has very rarely been reported at colonoscopy.	Hospitalisation and assessment could be required with the possibility of surgery to correct the tear.
Perforation (Puncture or tear of the large intestine, stomach or oesophagus)	At Colonoscopy the large intestine may rarely be perforated, in 1 in 5,000 cases. The risk is higher, about 1%, if a polyp is removed. At Gastroscopy, the risk of perforation of the gullet (oesophagus) is <1% if a dilatation is performed.	Fluids and antibiotics may be given via an intravenous drip and the tear may require repair by surgery to the abdomen or chest.
Missed Cancer	Due to the nature of the anatomy and preparation of the gut, it is possible to miss small cancers and other disorders in approximately one in 1,000 procedures.	
Damage to Teeth	All attempts are made to protect teeth, however, it is possible for teeth or crowns to be damaged during the procedure.	
Anaesthetic Risks	About 1 in 10,000 may experience heart or lung problems such as low oxygen levels, low blood pressure or irregular heartbeat. People with ill health are more at risk.	The procedure is immediately stopped should anything happen. Medication may be given to reverse the effects of sedation. Sometimes, other procedures may be required. Discuss concerns with your anaesthetist.
Aspiration	Some patients may vomit during the procedure, and rarely some of the stomach contents can enter lungs and cause pneumonia.	If pneumonia occurs, you would be transferred to hospital for observation and given an intravenous fluids and antibiotics. Usually we just need to observe you for a little longer.
Drug Reaction	Some patients may experience an allergic reaction to one of more of the anaesthetic drugs.	You may require intravenous drugs to stop the reaction and occasionally, a transfer to hospital for observation.

As with any medical procedure, death is a rare complication. ANY QUESTIONS: Please do not hesitate to come and see us, or telephone. One of our doctors is always happy to talk to you a few days before the procedure if you are at all concerned. We look forward to seeing you on the day. We can arrange an interpreter for you if required.

PLEASE READ THE REVERSE SIDE OF THIS PUBLICATION