



Patient Details:
 Name _____
 DOB _____
 Address _____

 Phone _____
 DVA/Private Health/Pensioner (circle)

Referring Doctor Details:

 Provider No: _____
 Signature : _____

 Date :

Appointment/Procedure with:
 Dr Michael Swan
 Dr Lani Prideaux
 Next available

Patient Alerts:
 ▪ *Diabetes:*
 Type I Type II
 diet tablets insulin
 ▪ *Anti-coagulants/anti-platelets:*
 warfarin
 clopidogrel (*Plavix, Clopidogrel*)
 rivaroxaban (*Xarelto*)
 other

Referral for: **Direct access***
 Consultation
 Gastroscopy
 Colonoscopy
 Capsule endoscopy
 ERCP } Dr Michael Swan
 EUS

Clinical Details:

***Patients can be referred for direct access endoscopy if they fit the following criteria:**
 ▪ Under 80 years of age
 ▪ Not on blood thinners (aspirin is accepted)
 ▪ Not diabetic
 ▪ No significant cardiac or respiratory problems
 ▪ No renal impairment
 ▪ No previous adverse reactions to anaesthetic
 ▪ BMI < 35

Instructions for Gastroscopy / Colonoscopy

You will have a light anaesthetic/ sedation for the test

1. You must not eat or drink for at least 6 hours before the appointment
2. You may take essential medications with a sip of water
3. Please arrange for someone to pick you up one hour after your appointment
4. Do not drive or operate machinery for the rest of the day
5. Please bring your Medicare card, Private Hospital Insurance/DVA details, Pension/Health care card
6. Please bring a list of your medications
7. If you are a diabetic – discuss adjusting the medications with your doctor
8. 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 an instructions for this bowel preparation when the appointment is made.**



Locations for Consultations and Procedures

Locations	Consultations	Procedures
Holmesglen Private Hospital, Moorabbin	✓	✓
Linacre Private Hospital, Hampton		✓
Brighton Consulting Suites of Linacre Hospital	✓	
Monash Medical Centre, Clayton		✓
Jessie McPherson Private Hospital, Clayton		✓
Monash House, Clayton	✓	
Melbourne Endoscopy, Clayton	✓	✓
Bayside Endoscopy, Bentleigh		✓

Gastroscopy/Colonoscopy - Patient 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. Please contact 8677 7446 to obtain instructions for the bowel preparation. 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

- The most common side effect is a feeling of fullness/bloating as a result of air used during the procedure.
- Perforation: <1 in 2000. The bowel wall tears resulting in a hole (perforation), which may require an operation.
- Bleeding: less than 1 in 500. Typically occurs in the context of a polyp removal (polypectomy). May require a repeat procedure or an operation.
- Aspiration: if there is insufficient fasting or excess stomach contents, there is a risk of stomach contents going into the lungs called aspiration. This can lead to pneumonia.
- Failure to complete: in less than 1% of cases of colonoscopy, a complete procedure is unable to be performed due to inadequate bowel preparation or technical issues. This may require a repeat colonoscopy or alternative procedures.
- Missed lesions: no medical test is 100% accurate. There is a 10% miss rate for small polyps and lower rates for larger polyps and cancers.
- Death: this is an extremely rare complication, but is a potential risk with any medical procedure or anaesthetic.

Your doctor has recommended that you require either a gastroscopy, colonoscopy or both, in order to investigate your medical condition. We recommend that the following information be read prior to the procedure(s) so that you are aware of what it involves and what you can expect. If you have any concerns or specific questions, don't hesitate to contact Victorian Gastroenterology on 8677 7446 prior to the procedure.

Moorabbin - Clayton - Hampton - Brighton

All referrals – Holmesglen Private Hospital; Tel: (03) 8677 7446, Fax: (03) 8779 8968
info@victoriangastroenterology.com.au | www.victoriangastroenterology.com.au