



Name: _____ Date of Birth: _____
Address: _____ Telephone: _____
Medicare No: _____

REQUEST FOR:

- Gastroscopy
- Consultation
- Breath test (Lactulose / Lactose / Fructose / Glucose / Sorbitol / H pylori)
- * Streamline Endoscopy
- Colonoscopy
- Capsule Endoscopy
- ERCP

CLINICAL DETAILS:

REFERRING DOCTOR DETAILS:

DOCTOR'S SIGNATURE: _____ DATE: _____

GI HEALTH OFFERS THE FOLLOWING GASTROENTEROLOGY SERVICES

- **Specialist Consulting and Endoscopy services**
- **Inpatient private & public care**
- **Clinical support for Inflammatory Bowel Disease, IBS, Carbohydrate Breath testing, Capsule Endoscopy and Hepatology**
- * **Streamline Endoscopy services : For patients with financial hardship (HCC or Pensioners)**

LOCATIONS FOR CONSULTATION

- Main Rooms
GI Health
7 Gloucester Av
Berwick 3806 (Melway Ref: 111 D8)
- Mulgrave
Suite 2
529 Police Rd
Mulgrave 3170 (Melway Ref: 81 D6)
- Dandenong
- Hallam
- Hampton Park
- Pakenham

LOCATIONS FOR ENDOSCOPY

- St John of God Hospital
Gibb St Berwick 3806
Ph 9707 1900 (Melway Ref: 111 C8)
- The Valley Private Hospital
Cnr Police & Gladstone Rds Mulgrave 3170 Ph
9790 9333 (Melway Ref: 81 D6)

CONSULTATION:

You will meet with one of the gastroenterologists who will discuss your digestive health problems with you.

GASTROSCOPY/COLONOSCOPY

Gastroscopy allows the endoscopist to comprehensively examine your oesophagus, stomach and duodenum using an endoscope equipped with a video camera. Colonoscopy allows the endoscopist to examine the large intestine using an endoscope.

Patients referred for a colonoscopy will need to collect a bowel preparation kit and further instructions from us three days prior to the appointment.

PATIENT INSTRUCTIONS

When you call to make an appointment please inform the staff which procedure you have been referred for. Please bring this form with you when you attend your appointment. GI Health operates at several locations, these are listed above.

- Do not eat or drink anything for 6 hours prior to procedure
- Please advise us if you are taking **WARFARIN, ASPIRIN** or **DIABETIC MEDICATION**. We may recommend special instructions for you.
- Your usual medication should be taken with small sip of water on the day of the tests (even though you are fasting)
- Wear loose clothing
- Do not bring valuables with you
- Be taken home by a responsible person - you are not to drive the car on the day or night of the examination
- Have a responsible adult care for you that day/night or be on hand in case of any problems
- **DO NOT** drive a car, motorcycle or operate machinery until after sunrise the following day
- **DO NOT** make any important decisions or sign any contracts within 24 hours of the procedure
- **DO NOT** drink any alcohol for 24 hours post procedure

RISKS OF COLONOSCOPY AND GASTROSCOPY

COMMON PROBLEMS	WHAT OCCURS	TREATMENT
Bloating & 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. Use of peppermint tea, antacids and antispasmodics may help.
Nausea and Vomiting. Bruising at Injection Site	Some people experience nausea and/or vomiting as a result of the anaesthetic. Some patients may experience soreness, reddening or bleeding at the injection site.	Medication can be given for nausea and vomiting and generally relieve symptoms quickly. Applying pressure to the area will stop bleeding. A pressure bandage and cold packs may be applied to minimise bruising.
Reaction to Bowel Preparation	Occasionally patients may experience headaches. Poor absorption of oral medications including birth control and anticonvulsant medicine is common. Changes in the blood salt levels (electrolytes) may occur.	Taking your medication at least 2 hours before the preparation is advised. We may administer fluids to you and medicine intravenously to relieve headache and nausea. Additional methods of contraception are suggested until the next menstrual cycle.
UNCOMMON PROBLEMS	WHAT OCCURS	TREATMENT
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. Occasionally bleeding may occur up to 2 weeks after the procedure.	Bleeding usually settles without further treatment. Occasionally another gastroscopy or colonoscopy is needed to stop the bleeding. Rarely, transfer to hospital for observation, a blood transfusion, or surgery may be necessary.
Abdominal Pain	Burn injury to the bowel wall following removal of polyps can occur in 1 in 500 people. This may cause severe abdominal pain, rapid pulse and fever up to five days after the procedure.	Most problems settle within 48 hours, but you should contact us or your local doctor 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. A surgical opinion may be required
RARE PROBLEMS	WHAT OCCURS	TREATMENT
Perforation (Puncture or tear of the large intestine, stomach or oesophagus)	At Colonoscopy perforation of the large intestine may occur in 1 in 5000 cases. The risk is higher, up to 1 in 100 cases, if a large polyp is removed. At Gastroscopy, the risk of perforation of the gullet (oesophagus) is 1 in 100 if a dilatation is performed.	Fluids and antibiotics may be given via an intravenous drip and the tear may require surgical repair.
Intra abdominal injury (including splenic contusion)	Injury to the wall of the large intestine and spleen may occur resulting in bruising and inflammation.	Admission into a ward for observation. Some patients require surgical intervention.
Anaesthetic Risks	About 1 in 10,000 people may experience heart or lung problems such as; low blood pressure, irregular heartbeat or low oxygen levels. People with ill health are at greater risk.	Medication may be given to reverse the effects of sedation. Medical resuscitation may be required. Please discuss concerns with your anaesthetist.
Aspiration	Some patients may vomit during the procedure, and rarely some of the stomach contents can enter the lungs and cause pneumonia. This is referred to as aspiration.	If pneumonia occurs, you may be transferred to the ward for observation as an inpatient and given intravenous fluids and antibiotics.
Drug Reaction	Some patients may experience an allergic reaction to one or more of the anaesthetic drugs.	You may require intravenous drugs to stop the reaction and admission as an inpatient for ongoing observation.
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 1000 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.	
Procedure related mortality is rare (< 0.01 %)		