

# North West Day Hospital

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www.theendoscopycentre.com.au  
Mr Abdul Rahman Founding Director

# WestPoint Endoscopy Day Hospital

243 Heaths Road, Werribee, VIC 3030  
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adminwp@theendoscopycentre.com.au

*The Endoscopy Centre offers the choice of a variety of Male or Female Endoscopists*

Preferred Specialist: \_\_\_\_\_

## Referring Doctor's Details

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Provider No: \_\_\_\_\_

## Patient Details

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Service Required:**  Gastroscopy  Colonoscopy  Capsule Endoscopy  Consultation

**Significant Factors:** Warfarin/Plavix/Iscover  YES  NO Diabetes:  YES  NO  
Other Comorbid Illnesses:  YES  NO Allergies: \_\_\_\_\_

*Do not take your medications on the day of the test. If required, bring the medication along to the hospital.*

## \*Clinical Indications:

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Medicare Australia requires these areas to be completed.*

## Appointment Details

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_AM/PM Private Hospital Insurance:  Yes  No Fee: \$ \_\_\_\_\_

*If you are unable to keep your appointment please call our office to arrange an alternative appointment. Please read patient instructions below and on the reverse side. Wear loose comfortable clothing; NO JEANS PLEASE.*

### PREPARATION INSTRUCTIONS

#### Colonoscopy

- Obtain 1 Prepkit C from your local pharmacy.
- It is very important that you carefully follow the preparation instructions forwarded to you by The Endoscopy Centre. These instructions can also be found in the Prepkit C packet.

#### Gastroscopy

- Stop Mylanta a day before the test. Stop Nexium, Somac, Pariet, Losec and Zantac 5 days before the test.
- No food for six (6) hours before the test.
- You can drink no more than 200mls of water until two hours before the appointment.
- No smoking or chewing gum on the day of the procedure.

### POST PROCEDURE INSTRUCTIONS

Post procedure instructions will be given to you on the day of procedure.

These are available in different languages.

You are not allowed to drive or operate machinery until the following day, so you should arrange for someone to drive you home.

A responsible adult will need to pick you up and remain with you overnight.

## RISKS OF COLONOSCOPY & GASTROSCOPY

We aim to provide the best quality health care for you in a 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 minimize risks to our patients. For your information the possible risks of gastroscopy and colonoscopy are listed below.

	Description	Management
<b>Bloating and discomfort:</b>	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.
<b>Nausea and vomiting:</b>	Some people experience nausea and/or vomiting as a result of the anaesthetic	Medication can be given for nausea and vomiting and generally relieves symptoms quite quickly.
<b>Bruising at injection site:</b>	Some patients may experience some soreness and reddening or bleeding at the injection site.	Applying pressure to the area will stop the bleeding. A pressure bandage and cold packs may be applied to minimize the bruising. The bruising is not serious and will usually resolve within a week
<b>Reaction to bowel preparation:</b>	Occasionally patients may experience headaches and poor absorption of normal medications including birth control and anti-convulsant medication. Changes in the blood salt levels (electrolytes) may occur.	Taking your medication at least 2 hours before the preparation is advised. We may give fluids to you via the vein, and medicine to relieve the headache and/or nausea. Additional methods of contraception are suggested until the next menstrual cycle.
<b>Bleeding:</b>	Major bleeding from the stomach or bowel can occur in 1 in 10,000 people following a biopsy, and 1 in 1000 after the removal of a 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.
<b>Abdominal Pain:</b>	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 5 days after the procedure.	Most problems settle within 48 hours, but you should contact us and go your local 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.
<b>Perforation (puncture or tear of large intestine, stomach or oesophagus):</b>	At colonoscopy the large intestine may rarely be perforated in 1 in 1000 cases. The risk is higher 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.
<b>Missed Cancer:</b>	Due to the nature of anatomy and preparation of the gut, it is possible to miss small cancers and other disorders in approximately 1 in 1,000 procedures.	
<b>Damage to teeth:</b>	All attempts are made to protect teeth, however it is possible for teeth or crowns to be damaged during the procedure.	
<b>Anaesthetic Risks:</b>	About 1 in 10,000 people may experience heart or lung problems such as low oxygen levels, low blood pressure or irregular heart beat. People with ill health are more at risk.	The procedure is immediately stopped should complications arise. Medication may be given to reverse the effects of sedation. Sometimes other procedures may be required. Discuss concerns with your anaesthetist.
<b>Aspiration:</b>	Some patients may vomit during the procedure and rarely some of the stomach contents can enter the lungs and cause pneumonia.	If pneumonia occurs, you will be transferred to hospital for observation and given intravenous fluids and antibiotics. Usually we just need to observe you for a little longer.
<b>Drug reaction:</b>	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, occasionally, a transfer to hospital for observation is required.
<b>Other Risks:</b>	A complete examination of the colon may be limited in some patients (usually less than 5%) including those with poor bowel preparation, patients with long colons, patients with tight bends in their colon, patients with severe inflammation or other medical conditions.	It is possible that a barium enema or CT scan of the bowel may be recommended to complete the examination of the colon.

After the procedure there may be mild, temporary abdominal discomfort and you may pass a small amount of blood. This is quite normal and will pass. However, if you have severe pain, or pass a large amount of blood, you should contact our centre, your local doctor, or go to your nearest hospital emergency department.

*As with any medical procedure, death is a rare complication.  
If you have any concerns about the risks, please consult your doctor.*