



REFERRAL TO HOBSONS BAY ENDOSCOPY CENTRE

Mr. P. Nottle	<input type="checkbox"/> GASTROSCOPY	Dr. S. Zanati
Dr. A. Miller	<input type="checkbox"/> COLONOSCOPY	Mr. H. Parker
Mr. J. Winnett	<input type="checkbox"/> BOTH	Dr. G. Srivatsa
Mr. R. Jacobs	OTHER _____	Mr. I. Skinner
Mr. S McLaughlin		Dr N. Arachichi

APPOINTMENT

DATE: _____ TIME: _____ ENDOSCOPIST: _____

PATIENT NAME: _____

CLINICAL NOTES AND INDICATION FOR PROCEDURE

REFERRING DOCTOR: _____

PROVIDER No: _____

ADDRESS: _____

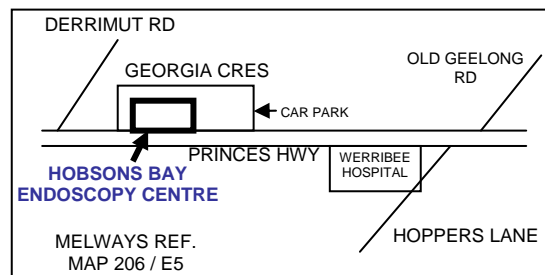
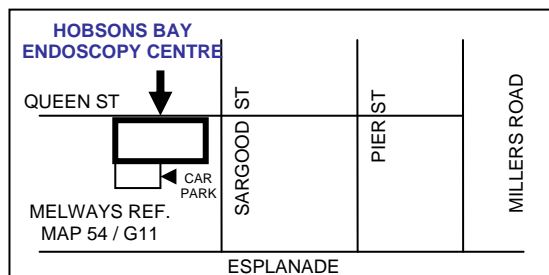
FAX No: _____

COPY TO: _____

Signed: _____ Date: _____

WELCOME TO HOBSONS BAY ENDOSCOPY CENTRE. Your doctor has asked that you make an appointment to see us. Please bring this form with you on the day. Please advise us whether you have been referred for Gastroscopy, Colonoscopy or both procedures.

- **GASTROSCOPY AND COLONOSCOPY** are procedures in which a video camera tube is passed gently into the stomach or bowel under sedation anaesthetic. You are unlikely to feel or remember the procedure. **COMPLICATIONS ARE RARE (SEE OVER).**
- **PREPARATION:** We will provide you with instructions regarding diet, fasting and laxative bowel preparation (for colonoscopy) when you make your appointment.
- **MEDICINES:** Please advise us if you are taking Warfarin, Aspirin or diabetic medication. We will recommend special instructions for you.
- **TRAVEL:** You must arrange for an adult to drive you home after the test. You must not drive for the remainder of the day after your test.
- **APPOINTMENT TIME:** This is your arrival time, not the procedure time. We will endeavour to perform your procedure as soon as possible after your arrival but unexpected delays may occasionally occur. We ask for your understanding if there is an unexpected delay.
- **WHAT HAPPENS ON THE DAY?** You will be admitted by a nurse and talk with the endoscopist and anaesthetist prior to the test.
- **WHAT HAPPENS AFTERWARDS?** You will awaken in recovery and be provided with light refreshments before going home.
- **ANY QUESTIONS?** Please do not hesitate to visit or telephone if you have any questions. Also visit: www.hbec.com.au



ALTONA
 CNR QUEEN & SARGOOD STS,
 ALTONA, VIC 3018
Ph 03 9398 8800 Fax 03 9398 8822
 Hours: Mon-Thurs 7.30am – 5.00pm Fri 7.30am – 4pm.

WERRIBEE
 179 PRINCES HWY
 WERRIBEE, VIC 3030
Ph 03 9731 8000 Fax 03 9731 8001
 Hours: Mon-Thurs 7.30am – 5.00pm Fri 7.30am – 4pm

RISKS OF COLONOSCOPY & GASTROSCOPY

We aim to provide the best quality healthcare 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
Bloating and 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:	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.
Bruising at injection site:	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
Reaction to bowel preparation:	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 nausea. Additional methods of contraception are suggested until the next menstrual cycle.
Bleeding:	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.
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 5 days after the procedure.	Most problems settle within 48 hours, but you should contact us and go the 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.
Perforation (puncture or tear of large intestine, stomach or oesophagus):	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.
Missed Cancer:	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.	
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 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 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 the lungs and cause pneumonia.	If pneumonia occurs, you would be transferred to hospital for observation and given 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 or more of the anaesthetic drugs.	You may require intravenous drugs to stop the reaction and occasionally a transfer to hospital for observation.
Other Risks:	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 pathology.	It is possible that a barium enema or CT scan of the bowel may be recommended to complete examination on 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 on the day of your procedure.

Colonoscopy: You must follow a special diet and take a bowel preparation to clean out your bowel for the test. Please make sure that you come to the centre at least 2 days before your test to pick up this preparation or contact us for instructions.

Gastroscopy: You must fast from midnight. Nothing to eat or drink on the day of your test. If you have an afternoon appointment, you may have clear fluids up until 6 hours prior to your test.