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 East Melbourne 3002
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Part of Jolimont Endoscopy Pty. Ltd. Group ABN 22 842 154 294

REPORT TO: 19/201 Wellington Parade South, East Melbourne.
Please note: the entrance is off Jolimont Rd,
 (see map on back page).

**Jolimont Endoscopy is registered as a Day Procedure Centre and is accredited
 ISO:9001**

Gastroenterologist/Physician

- Dr R. Elliott
- Dr G. Taggart
- Dr G. Brown
- Dr S. Brown
- Prof F. Macrae
- Dr A. Wall
- Dr J. Harrison
- Dr P. Tagkalidis
- Dr M. Wong
- Dr A. Brett

REQUEST FORM AND INFORMATION FOR	
<input style="width: 80%; height: 20px;" type="checkbox"/>	Gastroscopy
<input style="width: 80%; height: 20px;" type="checkbox"/>	Colonscopy
Referring Doctor	
Patient Name	

Recognised Endoscopists have Recognition of Training by the Conjoint Committee of the Gastroenterology Society, Royal Australian College of Surgeons, and Royal College of Physicians.

Your appointment is on day: Monday Tuesday Wednesday Thursday Friday Saturday	
Date:/...../.....	Time:am/pm
CLINICAL NOTES:	
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.....	
.....	
.....	

Instructions and further information are contained overleaf. Please read the entire pamphlet carefully. You **must** bring this with you on the day of the procedure.

INFORMATION AND INSTRUCTION FOR COLONOSCOPY

Colonoscopy is an examination of the colon or large bowel, using a thin, flexible fibre-optic instrument. The colonoscope is inserted into the large bowel via the back passage or anus. This enables a direct examination of the large bowel to its junction with the small bowel, on the right hand side of the abdomen near the appendix.

THE PROCEDURE

You will have an intravenous needle inserted and light sedative anaesthetic given to make you feel sleepy and to take away any discomfort. These drugs are short acting and are not a general anaesthetic. You may remember little or nothing about the procedure. **It is important that you arrange for someone to take you home after the procedure. You must not drive or operate machinery for the rest of the day.** Biopsies may be taken or polyps removed during the colonoscopy.

COMPLICATIONS

Complications are rare. Reported complication rates are: perforation of the colon, 1 case per 1,000 procedures; haemorrhage, 1 case for every 2,500 procedures; haemorrhage after polypectomy, 1 case in every 1,000 polypectomies. Deaths have been reported as occurring once in every 10,000 procedures.

[Reference: Gastro intestinal Endoscopy. 2001; Gastroenterological Society of Australia. 2002 www.gesa.org.au]

If you have any questions please ask your doctor prior to the procedure.

PREPARATION FOR COLONOSCOPY

It is essential that the colon be completely empty for your colonoscopy. To achieve this you must **adhere strictly to the instructions given to you with the bowel preparation from your doctor.**

There are a number of bowel preparations on the market and are available from all retail pharmacies. Products include: Fleet, Glycoprep, Glycoprep C and Golytely. (Glycoprep C is the most commonly used at Jolimont).

1. It is important you drink as much clear fluid as possible. Clear fluids include water, cordial, strained fruit juices, clear broths, black tea, coffee and jellies, but **NO MILK PRODUCTS.**
2. You must not eat or drink for four at least [4] hours before the procedure.
3. Stop drinking the bowel preparation if you have troublesome abdominal pain.
4. If you are taking any of the following tablets **IRON, ASPIRIN, ANTI INFLAMMATORY DRUGS** you must stop taking them **5 DAYS BEFORE** the test. Stop Codeine/Modium/Lomotil 2 days before. Other medication may be continued.

POST PROCEDURE

Some mild temporary discomfort may be noted in the abdomen after the procedure. If you have a biopsy or a polypectomy, there may be a small amount of blood passed in the toilet. If the discomfort or bleeding is either severe or persistent over several hours then contact a doctor. If you cannot contact the doctor who performed the procedure, then you should present immediately to your nearest hospital or GP. After the procedure you may resume your normal diet unless otherwise instructed.

INFORMATION AND INSTRUCTION FOR UPPER GASTROINTESTINAL ENDOSCOPY

Upper gastrointestinal endoscopy or gastroscopy is an examination of the upper gastrointestinal tract using a thin flexible, fibre-optic instrument. The gastroscope is passed through the mouth into the upper gastrointestinal tract and allows direct visual inspection of the oesophagus stomach and duodenum. It is not painful and the patient is able to breathe normally throughout the procedure.

THE PROCEDURE

A local anaesthetic to numb the throat will be administered in the form of a throat spray. An intravenous needle is inserted through which a sedative drug is given. The drug is very short acting and is not a general anaesthetic. This will relax you and you will remember little or nothing about the procedure. Biopsies may be taken during the gastroscopy.

COMPLICATIONS

Complications are very rare in upper gastrointestinal endoscopy. Perforation of the upper gastrointestinal tract is reported as occurring in 8 in every 100,000 procedures; a cardiopulmonary complication occurs 6 in every 10,000 procedures and there is a reported mortality rate of 1 in every 20,000 procedures. These complication rates are a combination of the figures for both diagnostic and therapeutic procedures. It is felt that diagnostic endoscopy complication rates are lower than the above combined figures. [Reference: Gastrointestinal Endoscopy, 2001; Gastroenterological Society of Australia 2002. www.gesa.org.au] If you have any questions please ask your doctor prior to the procedure.

PREPARATION FOR THE GASTROSCOPY

You must **not eat or drink** for at least six[6] hours before your appointment.

POST PROCEDURE

It is normal to feel a little bloated and to belch immediately following the procedure. A mild sore throat may be noticed. Please contact the doctor who performed the gastroscopy if you experience any of the following within 24 hours of the procedure: severe and persistent chest pain or upper abdominal pain, vomiting of blood, persistent vomiting, passage of black stool, persistent abdominal distention or high fever and/or rigors. If you cannot contact the doctor who performed the procedure you should present yourself to the nearest hospital or GP.

INSTRUCTIONS

1. Please bring with you on the day, referral letter; this pamphlet; a list of any medications which you take; health insurance funds details; Veteran's Affairs card; Medicare card; Pension card.
2. All patients admitted to Jolimont Endoscopy are charged an accommodation / theatre fee. Major private health funds recognise our facility and services for maximum benefits and your level of private health insurance will determine any gap excess on accommodation and theatre fees.
Medicare does not cover accommodation and theatre fees.
3. You will receive accounts from
 - [a] the doctor performing the procedure
 - [b] the anaesthetist
 - [c] the pathologist, if biopsies are taken

Medicare will rebate a portion of these [a],[b],[c] accounts

 - [d] Jolimont Endoscopy accommodation and theatre fee.
4. If you are not privately insured, the hospital fee will be an 'out of pocket expense' [not covered by Medicare]. This fee is payable on day of service.
5. Patients are advised not to drive or operate machinery, for the rest of the day, and should arrange for someone to take them home. You will be able to resume normal duties the next day.
6. Please allow 2 hours from admission to discharge.

WHERE TO FIND US

Street parking is available

