



DR. AMMAR NAGREE
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INFORMATION SHEETS FOR A GASTROSCOPY AND COLONOSCOPY

DATE OF PROCEDURE :

HOSPITAL : Waikiki Private Hospital

DOCTOR : ☐ Dr Nagree ☐ Dr Pulusu ☐ Dr Nasa ☐ Dr McElholm ☐ Dr Broughton

Please confirm with your health fund that your insurance is valid for a day case procedure (including ensuring that you are not in the waiting period), and that you are aware of whatever excess payment fee you have agreed upon with your health fund. The item number for a Gastroscopy is 30473, and for a Colonoscopy is 32222. The Pathology service, Anesthetists and Gastroenterologists are all NO GAP providers, so there will be no out of pocket expenses other than your fund agreed excess, and you should not receive an invoice for any services. If you do then please contact the rooms.

We will advise you of the exact time two days before the procedure date, either by text message or phone. Unfortunately we cannot tell you the time any sooner as there are always last minute changes to the endoscopy list due to cancellations and urgent additions.

Please present to the Endoscopy Unit at the Waikiki Private Hospital. 221 Willmott Dr, Waikiki.

Please note this is the time you must arrive at the hospital. Your procedure time can be up to 2 hours after this depending on the pre procedure administration requirements, nursing assessment, whether there have been any emergency cases, or whether there may be have been an unexpected complicated case before you.

Even if you feel as if you have recovered completely we know that the medications can still affect you and despite you having had previous procedures where you may have been allowed to work/drive the next day or other doctors who now will still let you work/drive the next day, the current Royal Australian College of Anaesthetists advice is that for the next 24 hours:

Not to drive
Not to go home unaccompanied
Not to stay at home unaccompanied
Not to work (including dealing with emails)
Not to operate machinery or dangerous household objects
Not to sign any legal documents
Not to drink alcohol
Not to be the sole carer of a minor

If you do not follow this advice and an adverse outcome occurs then you could be legally liable, and any insurance that you have may not be valid.

OPEN ACCESS PROCEDURES

You have made a booking for an open access Gastroscopy and/or Colonoscopy. This is a booking that has been made without you first seeing me for a consultation in order to expedite your investigations, either because your referring doctor has requested it or it is your preference.

You will be provided with the various information sheets, instructions for preparation for the procedure, billing arrangements etc which should answer most of your questions.

If however there are any aspects of the procedure that you wish to discuss with me beforehand (including potential complications) then please feel free to make an appointment for a formal consultation in my rooms (although this will involve a consultation fee).

If you are having the procedures to investigate symptoms then I will usually be able to discuss these with you briefly before and after the procedure, in between the other patients having procedures also.

However if your history is long or complicated and your GP would appreciate an opinion from me then it would be more appropriate for you to see me for a formal consultation in my rooms beforehand so that things can be discussed more thoroughly (although this will involve a consultation fee).

Please notify us well in advance if any of the below apply to you:

- You are a diabetic that uses insulin.
- You are a diabetic that takes one of the following medications: Forxiga (Dapagliflozin), Xigduo (Dapagliflozin and metformin XR), Jardiance (Empagliflozin), Jardiamet (Empagliflozin and Metformin), Qtern (Dapagliflozin/Saxagliptin), Glyxambi (Empagliflozin/Linagliptin), Steglatro (Ertugliflozin), Stegluromet (Ertugliflozin/Metformin).
- You are on a Semaglutide (Ozempic or Saxenda)
- You are on a blood thinning medication such as Warfarin, Coumdain, Asasantin, Plavix, Clopidogrel, Rivaroxaban, Xarelto, Apixaban, Eliquis, Dabigatran, Pradaxa, Ticlopidine, Ticlid, Ticagrelor, Brillinta, Iscover, Persantin, Heparin, Clexane, Fragmin etc.
- You are pregnant or breastfeeding.
- You are having a colonoscopy and you suffer from constipation.
- Your BMI is >35. Your BMI can be calculated by the following formula: $BMI = \text{weight in kgs} / (\text{height in metres} * \text{height in metres})$.
For example if your weight is 80kg and your height is 176cm then your BMI is:
 $BMI = 80 / (1.76 * 1.76)$
 $= 25.8$

GASTROSCOPY INFORMATION SHEET

What is a Gastroscopy?

You have been advised to have a gastroscopy (this is also called an upper endoscopy, or just an endoscopy). This is a procedure which can help investigate the cause of many symptoms and signs. These include heartburn, difficulty swallowing, pain on swallowing, bloating, diarrhoea, abdominal pain, pain, nausea, vomiting, vomiting blood, passing black stools, weight loss and anaemia. However there are many other reasons that you may need the procedure and if you have any doubt as to why you are having it then you should ask me or your referring doctor. The procedure enables me to look inside the upper digestive tract. It involves a gastroscope being inserted gently into your mouth, down into the oesophagus, then into the stomach and finally a short distance into your small bowel. The gastroscope is essentially a thin flexible tube with a camera at the end. This camera allows images of the inside of the digestive tract to be transmitted to a TV monitor so that I can see inside as the test is being done.

Sometimes I need to take a specimen of the lining of the stomach or small bowel so that it can be examined under the microscope, or to test for the bacteria *Helicobacter pylori*. This is called a biopsy and can be done through the gastroscope. This is painless and does not damage the stomach or bowel wall.

What happens if I have a cold in the days leading up to the gastroscopy?

Usually having a simple viral infection will not stop you from having the procedure. If you are bringing up coloured sputum, have a fever or shortness of breath, then please contact my rooms and we will give you the appropriate advice as to whether it is safe to proceed.

What if I am having the procedure to assess for coeliac disease?

To assess for coeliac disease biopsies from your small bowel will be taken at the time of your gastroscopy. This is painless. The most important thing for you to do is to ensure that you have been consuming a normal amount of gluten in your diet for at least a month before your procedure. If you have been avoiding gluten then the biopsy result will be unreliable. If your procedure has already been booked and is less than a month away and you haven't been eating normal amounts of gluten then you should rebook the procedure for at least a month away and start eating normal amounts of gluten. If you do not think you can cope with eating gluten then you should be seen for a consultation first to discuss your options.

What do I need to bring with me to the hospital on the day of the gastroscopy?

You should bring something to keep you occupied whilst you wait for your procedure to be done (eg book, magazine, knitting etc). Whilst we try and run on time, sometimes if there is an emergency case or if the patient before you was an unexpectedly complicated case then this may delay the rest of the endoscopy list. You should plan on being at the hospital anywhere from 3 to 5 hours.

What if I don't have the colonoscopy?

Usually a colonoscopy has been requested by your doctor so that a cause for your symptoms or abnormal investigations can be found. If these are not investigated then serious pathology including cancer may not be detected.

How do I need to prepare for the colonoscopy?

The colon usually contains faecal matter. In order for the inside of the colon to be seen properly this waste matter must be eliminated prior to the test. This is achieved by a combination of dietary restrictions and laxatives and is explained in more detail in the bowel preparation instructions which you should have received. It is important that the colon is very clean to improve the chances of pathology being seen, and to reduce the risks of complications.

What should I not bring?

Please do not bring any jewelry and remove all body piercings.

What happens once I arrive at the hospital?

When you come to the hospital ask for directions to the endoscopy unit. A member of the department will escort you to your room and will explain the investigation to you. If you have any questions at all then do not be afraid to ask. We appreciate that to have any sort of medical procedure is sometimes a little concerning and we are here to ensure that you are as relaxed as possible. Once you have had the opportunity to ask questions you will be asked to sign a consent form agreeing to the procedure being performed.

What happens once I am in the procedure room?

A small plastic sheath called an IV cannula will be inserted into one of the veins in the back of your hand, and you will be connected to heart and lung monitoring devices. You will be asked to lie on your left side, a mouth guard will be inserted to protect your teeth, oxygen will be given through your nose, and the sedation administered. The examination will then commence. It usually takes 5-10 minutes.

What happens after the procedure is completed?

You will be taken back to your room where you will be allowed to recover from the anaesthetic. It is perfectly normal to have some gas retained in your stomach even when the procedure is finished and you may have some bloating and discomfort associated with this. This usually resolves quickly once you are able to belch. Your throat can also feel a little sore. Once you have fully recovered from the procedure then you will be given a cup of tea or coffee and some sandwiches. The findings of the procedure will be explained to you at this time.

Does it hurt?

My anaesthetist uses strong drugs to sedate you so that you usually do not feel any discomfort during the procedure, and most of the time you wake up afterwards and are not even aware of.

What are the complications that are associated with the procedure?

A gastroscopy is usually a safe procedure and many thousands have been done all around the world. However as with all invasive medical procedures there can be complications. These include perforation, bleeding, and consequences of the sedative drugs. These are all rare (overall estimated complication rate estimated at 0.13%) but potentially can require surgery and even be life threatening (death rates estimated at 0.0004%). The gastroscopes are cleaned and disinfected after each procedure, and the risk of transmission of infections is extremely low however cannot be totally excluded. If you have any concerns then speak with me or your referring doctor about these.

What are the alternatives to having a gastroscopy?

Depending on the reason your doctor has requested a gastroscopy, other possible ways to examine the oesophagus, stomach and small bowel include a barium meal/swallow, CT scan, Ultrasound, or MRI. Once again it is dependent on the reason that the gastroscopy has been requested but in general these radiological investigations are often not as good as a gastroscopy especially at picking up small lesions. In addition when you have a gastroscopy biopsies can be taken so that they can be examined under a microscope. If however you are concerned about having a gastroscopy and would prefer one of the radiological alternatives then please speak with me or your referring doctor.

What if I don't have the gastroscopy?

Usually a gastroscopy has been requested by your doctor so that a cause for your symptoms or abnormal investigations can be found. If these are not investigated then serious diseases including cancer may not be detected.

How do I need to prepare for the gastroscopy?

Your stomach needs to be completely empty at the time of the examination. If you are having a combined gastroscopy and colonoscopy then follow the advice outlined in your bowel preparation instructions. If you are having a gastroscopy only then you should start fasting (no food or liquids) 6 hours before your appointment time. Water can be consumed up until 2 hours prior to the procedure. In the final 2 hours pre procedure no food, or fluids, or water can be consumed. You should continue to take all your usual medications throughout the day with just a sip of water. *If you are a diabetic who takes diabetes tablets then please do not take them on the day of the procedure. If you are a diabetic that uses insulin then please let my rooms know well in advance, for special instructions on how to manage your diabetes.*

The sedation can cause amnesia and sometimes even though you are perfectly conscious and seem to understand everything that is explained to you, once you get home you may find that you are not able to remember what you were told. If this occurs, then the findings can be reiterated at your follow up appointment or by your referring doctor who will receive a written report of the procedure.

COLONOSCOPY INFORMATION SHEET

What is a Colonoscopy?

You have been advised to have a colonoscopy. This is a procedure which can help investigate the cause of many bowel symptoms and signs. These include diarrhea, constipation, bloating, change in bowel habit, rectal bleeding, abdominal pain, weight loss, and anaemia. It is also performed when you have a family history of bowel cancer or polyps as this may put you into a higher risk group for getting these conditions as well. However, there are many other reasons that you may need the procedure and if you have any doubt as to why you are having it then you should ask me or your referring doctor.

The procedure enables me to look inside the colon (also called the large bowel, or the large intestine).

It involves a colonoscope being carefully inserted into your rectum and navigated around your large bowel, and sometimes into the very end of your small bowel. The colonoscope is essentially a long flexible tube with a camera at the end. This camera allows images of the inside of the colon to be transmitted to a TV monitor so that I can see inside the bowel during the examination.

Occasionally a polyp may be found. These are growths of abnormal tissue which can sometimes lead to bowel cancer. These can often be removed by a painless procedure called a polypectomy which is usually done at the time of the examination through the colonoscope.

Does it hurt?

My anaesthetist uses strong drugs to sedate you so that you usually do not feel any discomfort during the procedure, and most of the time you wake up afterwards and are not even aware of having had it done. If during the procedure you start to drift back into consciousness, most of the time my anesthetist becomes aware that the sedation is wearing off and he will give you more sedation to put you back to sleep and you do not even remember starting to wake up. If however you do gradually drift back to consciousness, as you are often very comfortable and pain free, he may not know that you are awake unless you indicate it to him. Some patients get very concerned at the prospect of waking up, and whilst it happens uncommonly, it generally only happens if you are so comfortable that you are not moving around or distressed in any way and hence he is not aware that you are waking. So please do not be alarmed now or at the time of the procedure. If this explanation has not allayed your fear please speak with the anesthetist on the day and he can reassure you further. If you would prefer to have minimal (or no) drugs then this can also be accommodated, although the tolerability then often depends on the individual patient, and I would suggest you discuss this with me beforehand.

What are the complications that are associated with the procedure?

A colonoscopy is usually a safe procedure and many thousands have been done all around the world. However as with all invasive medical procedures there can be complications. These include perforation, bleeding, and consequences of the sedative drugs. These are all rare but potentially can require surgery and even be life threatening (overall complication rate estimated at 0.35% for diagnostic procedures, and 2.3% if a polyp is removed). The colonoscopes are cleaned and disinfected after each procedure, and the risk of transmission of infections is extremely low however cannot be totally excluded.

Another 'complication' that you should be aware of is the potential risk of missing pathology. Whilst every effort will be taken to perform a thorough examination, given the nature of the colon, there are some areas that can be particularly hard to see at any given time, and thus it is impossible to 100% guarantee that all lesions will be seen.

If you have any concerns about this or any other potential complication, then speak with me or your referring doctor about these.

What are the alternatives to having a colonoscopy?

Depending on the reason your doctor has requested a colonoscopy, other possible ways to examine the bowel include a barium enema, CT scan, Ultrasound, or MRI. Once again it is dependent on the reason that the colonoscopy has been requested but in general these radiological investigations are often not as good as a colonoscopy especially at picking up small lesions. In addition, when you have a colonoscopy biopsies of the colon can be taken so that they can be examined under a microscope. Also, if polyps are found, because they can be pre-cancerous, they can also be removed at the time of the procedure. If however you are concerned about having a colonoscopy and would prefer one of the radiological alternatives then please speak with me or your referring doctor.

What if I don't have the colonoscopy?

Usually a colonoscopy has been requested by your doctor so that a cause for your symptoms or abnormal investigations can be found. If these are not investigated then serious pathology including cancer may not be detected.

How do I need to prepare for the colonoscopy?

The colon usually contains faecal matter. In order for the inside of the colon to be seen properly this waste matter must be eliminated prior to the test. This is achieved by a combination of dietary restrictions and laxatives and is explained in more detail in the bowel preparation instructions which you should have received. It is important that the colon is very clean to improve the chances of pathology being seen, and to reduce the risks of complications.

What happens if I have my period on the day of the colonoscopy?

You can still have the procedure but please use tampons on the day.

What happens if I have a cold in the days leading up to the colonoscopy?

Usually having a simple viral infection will not stop you from having the procedure. If you are bringing up coloured sputum, have a fever or shortness of breath, then please contact my rooms and we will give you the appropriate advice as to whether it is safe to proceed.

What do I need to bring with me to the hospital on the day of the colonoscopy?

You should bring something to keep you occupied whilst you wait for your procedure to be done. Whilst we try and run on time, sometimes if there is an emergency case or if the patient before you was an unexpectedly complicated case then this may delay the rest of the endoscopy list. You should plan on being at the hospital anywhere from 3 to 5 hours.

What should I not bring?

Please do not bring any jewelry and remove all body piercings.

What happens once I arrive at the hospital?

When you come to the hospital ask for directions to the endoscopy unit. A member of the department will escort you to your room and will explain the investigation to you. If you have any questions at all then do not be afraid to ask. We appreciate that to have any sort of medical procedure is sometimes a little concerning and we are here to ensure that you are as relaxed as possible. Once you have had the opportunity to ask questions you will be asked to sign a consent form agreeing to have the procedure.

What happens once I am in the procedure room?

A small plastic sheath called an IV cannula will be inserted into one of the veins in the back of your hand. This allows the sedative drugs to be administered. You will be connected up to heart and lung monitoring devices and given oxygen to breathe. You will be asked to lie on your left side, be given the sedation and the procedure will then commence. It usually takes 20-40 minutes.

What happens once the procedure is completed?

You will be taken back to your room where you will be allowed to recover from the sedation. It is perfectly normal to have some gas retained in your bowel even when the procedure is finished and you may have some minor discomfort associated with this. This usually resolves quickly once you are able to pass this gas. Once you have fully recovered then you will be given a cup of tea or coffee and some sandwiches. The findings of the procedure will be explained to you at this time.

The sedation can cause amnesia and sometimes even though you are perfectly conscious and seem to understand everything that is explained to you, once you get home you may find that you are not able to remember what you were told. If this occurs, then the findings can be reiterated at your follow up appointment or by your referring doctor who will receive a written report of the procedure.

WHAT TO EXPECT AFTER YOU HAVE HAD YOUR GASTROSCOPY OR COLONOSCOPY

After your endoscopy you are likely to feel a little drowsy until your sedation gradually wears off. If you had a gastroscopy then your throat might feel a little sore, and you may feel bloated but these sensations should wear off within 24 hours. If you had a colonoscopy then you may also feel bloated and have some minor cramping abdominal pain which should wear off within 24 hours. Your bowel habit may take a few days before it returns to normal. If you had a polyp removed or if biopsies were taken, then it is normal to experience a small amount of bleeding for up to a few days after the procedure.

Following your procedure, I will always explain the findings to you. The sedation used has some amnestic properties (ie it makes you forget) and if you cannot remember what I have explained then please advise the nursing staff and I will be happy to discuss this again with you before you leave the hospital. If you get home and then realize you cannot remember what I have told you, please contact my rooms.

You may recommence all your usual medications unless you have been given specific instructions to the contrary.

You may resume a normal diet unless you have been given specific instructions to the contrary. If you had a colonoscopy then it is particularly important to drink a lot of fluids to ensure adequate hydration. If you do not pass as much urine as is normal for you then contact my rooms (during working hours) or the hospital (after hours).

Even if you feel as if you have recovered completely we know that the medications can still affect you and despite you having had previous procedures where you may have been allowed to work/drive the next day or other doctors who now will still let you work/drive the next day, the current Royal Australian College of Anaesthetists advice is that for the next 24 hours :

- Not to drive
- Not to go home unaccompanied
- Not to stay at home unaccompanied
- Not to work (including dealing with emails)
- Not to operate machinery or dangerous household objects
- Not to sign any legal documents
- Not to drink alcohol
- Not to be the sole carer of a minor

If you do not follow this advice and an adverse outcome occurs then you could be legally liable, and any insurance that you have may not be valid.

If you develop more than minor rectal bleeding, new abdominal pain, abdominal swelling, fever, difficulty swallowing, sore throat, cough or vomiting (and these are not symptoms you had prior to the procedure) then you should contact my rooms. If it occurs after hours then you should attend the Emergency Department but the following day, please also notify my rooms so that I am aware of the new developments.

You should not receive an invoice from anyone as we are a No Gap provider. Please contact the rooms if you do receive a bill.

WHAT HAPPENS WITH FOLLOW UP

Your gastroenterologist will speak with you following the procedure. Please do not leave the endoscopy unit without being satisfied that they have explained the findings to you.

If they did not specifically advise a follow up plan, or you now wish for something different to what you discussed with them at the time, you have 3 options. You can have

(1) Formal consultation of your symptoms and discussions about the need for further investigations or treatments. This will involve a consultation fee (the exact fee depends on whether you have been seen in the rooms recently or not, the complexity of your case, concession entitlements etc. Out of pocket expenses can range from \$40-\$115. Please contact the rooms on 95281192 and book an appointment, explaining that you would like a 'formal consultation' and confirm the fees involved in your case.

(2) A quick visit to discuss the findings of today's procedure again or to discuss the results of any biopsies taken or polyps that were removed. This is generally a short visit and will be bulk billed. Please note that discussions about symptoms and treatment cannot be made during one of these consultations. You can contact the rooms on 95281192 and book an appointment, explaining that you would like a 'results only' appointment.

(3) All follow up through your GP. Please make an appointment to see your GP. The findings from today's procedure and the biopsy results will be sent to your GP. Most practices will get the results electronically within 3 days, although the practices that have asked for correspondence to be sent by regular post can expect it after a week.