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 pregnant or breastfeeding
- You are on a blood thinning medication such as Warfarin, Coumdain, Asasatin, Plavix, Clopidogrel, Rivaroxaban, Xarelto, Apixaban, Eliquis, Dabigatran, Pradaxa, Ticlopidine, Ticlid, Ticagrelor, Brillinta, Iscover, Persantis, Heparin, Clexane,Fragmin etc.
- You are having a colonoscopy and you suffer from constipation.

- Your BMI is >35. Your BMI can be calculated by the following formula:

\[
\text{BMI} = \frac{\text{weight in kgs}}{(\text{height in metres} \times \text{height in metres})}
\]

For example if your weight is 80kg and your height is 176cm then your BMI is:

\[
\text{BMI} = \frac{80}{(1.76\times1.76)} = 25.8
\]
**GASTROSCOPY INFORMATION SHEET**

Your appointment for a GASTROSCOPY has been made on……………………………………………………

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.

Depending on which hospital you have booked in to have the procedure please present to either

The Endoscopy Unit, Waikiki Private Hospital. 221 Willmott Dr, Waikiki WA 6169 or
The Endoscopy Unit, St John of God Hospital, 100 Murdoch Dr, Murdoch 6150

**Please note this is the time you must arrive at the hospital. Your procedure time can be up to 3 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 unexpectedly complicated case before you.**

**Please also note that for 12 hours after the anaesthetic is given you must :**

- Not drive
- Not go home unaccompanied
- Not stay at home unaccompanied
- Not go to work
- Not operate machinery or dangerous household objects
- Not sign any legal documents
- Not drink alcohol
- Not 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.

**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, 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 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 should I not bring?

Please do not bring any jewellery 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 having had it done. If however you would prefer to have minimal (or no) drugs then this can also be accommodated although the tolerability of having no/minimal sedation is then dependent on the individual patient, and I would suggest you discuss this with me beforehand. Some people worry that they might choke or gag when the gastroscope is inserted into the mouth but this is rarely a problem.
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 gastrosopes are cleaned and disinfected after each procedure, and the risk of transmission of infections is extremely low however cannot be totally excluded. It should also be noted that there is always the potential for missed pathology. Whilst every effort will be taken to ensure a thorough examination it is impossible to give a 100% guarantee that things will not be missed. 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 admission time. Water can be consumed until 2 hours prior to the admission time, in the final 2 hours pre admission time 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 when you are followed up by me or the 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 for this reason we would strongly advise you for the next 12 hours:

- Not to drive
- Not to go home unaccompanied
- Not to stay at home unaccompanied
- Not to work
- 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.

Follow up arrangements: Before you leave please confirm that you know what follow up arrangements should be made by you. There are two options. Firstly you can see your GP to go over the results of the procedure today, any biopsy results, and to plan for any further tests or treatments. The alternative is that I am always happy to see people in my rooms to facilitate this and give specialist advice. You simply need to contact my rooms and make an appointment although this will involve a consultation fee. If you booked in for an open access procedure today (ie that is I have not seen you in my consulting rooms before) then you will need to tell my secretary that you have never been to see me in my office before and they will give you the appropriate appointment type. Please note if I have not seen you before then for this appointment type the wait can be more than a month and if you would like to be seen by someone sooner then you should see your GP as an interim measure.
BILLING ARRANGEMENTS FOR ENDOSCOPIC PROCEDURES AT WAIKIKI PRIVATE HOSPITAL AND ST JOHN OF GOD HOSPITAL

Please confirm that your health insurance will cover you for your planned procedure.

One common mistake is that patients have not been in the fund long enough for them to approve any claims unless you can prove it was not a pre-existing condition.

The other common mistake is that patients only have cover for Extra’s and not Hospital Cover.

Gastroenterologist Fees

I have agreed to a No Gap billing arrangement for all the private health funds. This means I will bill the fund directly and you will not incur any out of pocket expenses and will not receive any bills for my fees.

Anaesthetist Fees

I have asked my Anaesthetist’s to agree to a No Gap billing arrangement for all the private health funds. They will bill the fund directly and you will not incur any out of pocket expenses and will not receive any bills for their fees.

Pathology Fees

I have asked my pathology company to agree to a No Gap billing arrangement for all the private health funds. Members of HBF will not incur any out of pocket expenses and will not receive any bills for their fees. Members of all other funds will receive a bill for pathology services which they will be able to claim back fully from Medicare and their private health fund thereby incurring no out of pocket expenses.

Hospital Fees

Waikiki Private Hospital and St John of God Hospital have negotiated contracts with most of the major health funds and for these funds all hospital fees and theatre costs will be paid for by the fund directly. Please contact your fund or the hospital to ensure that the hospital has a contract with them.

Item numbers for procedures

The relevant item numbers you may need when discussing your cover with the fund are:

Gastroscopy: 30473

Colonoscopy (including provision for a polypectomy if required): 32093

Your only out of pocket expense will be any excess or co-payment charge that you have agreed to with your insurance company as part of your insurance policy, and any queries about potential charges should be discussed with your fund. Please let me know if you receive any accounts that you were not expecting.