

Dr George Ostapowicz

BMed BMedSC (Hons) MD FRACP

Dr Kashif Sheikh

MBBS, MRCP (UK) FRACP

Gastroenterologist & Hepatologist

"Brockway House"

82 Queen Street Suite 3, Southport

Telephone: (07) 5591 3155

Fax: (07) 5591 6114

Email: reception@drob.com.au

P.O. Box 10419

Southport, Queensland 4215

www.gcgastro.com.au

GASTROSCOPY

Date of Procedure

Admission Time (QLD time)

Site of Procedure:

- Pindara Day Procedure Centre**
13 Carrara Street, Benowa
- Pacific Private Day Centre**
123 Nerang Street, Southport
- Tweed Day Hospital**
Suite 4, 38-44 Boyd Street, Tweed
- Gold Coast Private Hospital**
14 Hill Street, Southport
- Pindara Private Hospital**
Allchurch Avenue, Benowa

Please complete online admission forms:

Pacific Private, Gold Coast Private and Tweed day Surgery

<https://healthscope.eadmissions.com.au>

Pindara Day Procedure <https://pindaradayprocedurecentre.com.au>

Pindara Private Hospital <https://www.pindaraprivate.com.au>

Please complete at least 3 working days before your procedure date

- Nil by mouth for 6 hours before procedure
- Take your normal early morning medication as usual (avoid any we have told you about)

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Gastroscopy involves the use of a flexible tube to examine the upper intestinal tract including the oesophagus, stomach and duodenum. The procedure is commonly undertaken if your doctor suspects that you have inflammation of the oesophagus (the pipe which connects the throat to the stomach), an ulcer, inflammation or other abnormality of the oesophagus, stomach or duodenum.

You need to fast for 6 hours before the procedure. While fasting, take all your regular medication with a sip of water.

Please tell us if you are diabetic, especially if you are on insulin.

Please tell us if you are on any blood thinning medications.

If you have serious heart or chest problems, special requirements need to be taken to reduce any possible risk. You should therefore inform your doctor of any serious illness of this nature.

An endoscope is a flexible tube about 9 mm diameter. It allows full colour inspection of the oesophagus, stomach and duodenum. It also allows biopsies to be taken from the small bowel and other areas. Photographs can be taken of anything of interest.

At the beginning of the procedure your throat will be sprayed with a local anaesthetic and you will be given a sedative by injection into a vein to make you more comfortable. The procedure will take between five and fifteen minutes and you will be sleepy for about half an hour afterwards. Normally you will have little memory of the event

Safety and Risks

Gastrointestinal endoscopy is usually simple and safe.

Extremely rarely, individual patients may have a reaction to the sedation. Damage to the oesophagus, at the time of examination, even perforation, can occur, but such complications are extremely rare. If you wish to discuss these complications before the procedure, you should inform the doctor before the procedure.

- **Do not drive a car or use any machinery for 12 hours.**

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GASTROSCOPY

To make the procedure as easy as possible, please answer the following questions:

1. Do you understand what is being done, and why? YES/NO
 2. Do you understand the risks associated with this procedure? YES/NO
 3. Do you understand that polyps if found may have to be removed? YES/NO
 4. Are you satisfied that your preparation was successful? YES/NO
 5. If you are female is there any possibility that you could be pregnant (it is important that you inform the Dr accordingly). YES/NO
 6. Do you suffer from any of the following problems:

Heart disease	YES/NO	Diabetes	YES/NO
Angina	YES/NO	Hypertension	YES/NO
Asthma	YES/NO	Kidney disease	YES/NO
Emphysema	YES/NO	Heartburn	YES/NO
 7. Are you on any regular medications? If so **which ones (you may need to make a separate list)**.
 8. Do you suffer from any allergies? YES/NO
 9. Do you have a companion with you to drive you home? YES/NO
- I have read and understand all the information I have been provided on this document.**
- I CONSENT to Dr George Ostapowicz/ Dr Kashif Sheikh performing the procedure as outlined and understand the risks involved.**

Patient Name: _____

Patient Signature: _____

DOCTOR SIGNATURE: _____

PLEASE FILL IN AND BRING WITH YOU ON DAY OF PROCEDURE

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BEFORE Your Procedure (After seeing the reception staff)

1. You will be seen by the nurse, anaesthetist and doctor.
2. You will have your blood pressure checked.
3. You will change into a white gown.
4. You should not have had anything to eat or drink for 6 hours before the procedure.
5. You should have a responsible adult organized to take you home.
Please organize someone to stay with you if necessary.
6. Please keep your referral to hand directly to doctor.

AFTER Your Procedure

1. You will be lying in a bed in recovery with an oxygen mask on.
2. The nurse will regularly check your blood pressure.
3. You will have a plastic needle in your hand or arm.
4. After approximately half an hour you will get dressed and sit up in a recliner chair.

BEFORE You Go Home

1. You will be given something to eat and drink.
2. I will discuss the findings with you.
3. You will have the plastic needle removed before you leave.
4. You will be discharged home with a person responsible for caring for you.

This is a guide only and individual needs will be attended to as required.

- **IF YOU CANNOT REMEMBER EVERYTHING YOU HAVE BEEN TOLD AFTER THE PROCEDURE, PLEASE RING OUR ROOMS THE NEXT DAY.**