DR LLOYD DORRINGTON MB BS (QLD) FRACP
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COLONOSCOPY AND GASTROSCOPY INFORMATION HANDOUT

YOUR APPOINTMENT DETAILS ARE AS FOLLOWS:

DATE: ……. **TIME OF ARRIVAL: ……**

at:

☐ PINDARA DAY PROCEDURE CENTRE (PDPC) Pindara Place 13 Carrara Street BENOWA 4217 PH: 5588 9588	☐ PACIFIC PRIVATE DAY SURGERY Level 1 123 Nerang Street SOUTHPORT 4215 PH: 5556 6222
☐ PINDARA PRIVATE HOSPITAL Endoscopy Unit Allchurch Avenue BENOWA 4217 PH: 5588 9888	☐ GOLD COAST PRIVATE HOSPITAL Day Surgery Unit 14 Hill Street SOUTHPORT 4215 PH: 5530 0300

Our goal is to make your colonoscopy and gastroscopy as safe and as comfortable as possible

Please do:

- ⇒ Take your bowel preparation according to the attached instructions
- ⇒ Nil by mouth for at least 2 hours immediately prior to your arrival.
- ⇒ Bring a list of your medications
- ⇒ Bring your Medicare card along with Health Fund and government concession cards if applicable

- ⇒ Advise us at least 7 days beforehand:
  - if you are on **Warfarin, Pradaxa, Eliquis or Xarelto**
  - if you are on **Plavix, Iscover, Brilinta, Effient or CoPlavix**
  - if you are on **Insulin**
  - if you have major health problems e.g. heart failure, advanced kidney disease, severe lung disease, are significantly overweight or are wheel chair dependent

PLEASE NOTE
Your procedure involves an anaesthetic so you will NOT be able to drive home or travel by public transport

WHAT IS COLONOSCOPY?

Colonoscopy is the direct examination of the large bowel (colon) and rectum via a colonoscope – a long, flexible tube about 11-13 mm in diameter which displays an image on a TV screen. Small tissue samples (biopsies) may be collected and wart like growths (polyps) removed by passing long, thin forceps or a snare down a channel in the colonoscope.

What preparation is necessary?

- Successful completion of your bowel preparation. (See separate page).
- Nil by mouth for at least two hours prior to the procedure.
- **Iron tablets should be stopped five (5) days prior to the procedure.**
- All regular medications (excepting diabetic medication) to be taken as usual with a small amount of water on the day of the procedure.
- Patients on **Insulin,** those on **Warfarin** (trade name **Coumadin** or **Marevan**), on anticoagulants **Pradaxa**, **Xarelto** or **Eliquis**, or those on **clopidogrel (trade names Plavix, CoPlavix or Iscover) MUST** contact Dr Dorrington's rooms at least 7 days prior to the procedure to make special arrangements.

How Accurate is Colonoscopy?

Accuracy is dependent on the colonoscopist's ability to pass the instrument all the way around the colon as well on the adequacy of the preparation.

Polyps can be not seen and even with complete colonoscopy, up to 3% of bowel cancers can be missed. The risk of missing a cancer appears to be less for highly trained colonoscopists.

What Alternatives are there to Colonoscopy?

CT colonoscopy is an evolving procedure but, in most studies, less accurate than colonoscopy in finding polyps or cancer. CT colonoscopy involves radiation exposure and does not allow for polyps to be removed, biopsies taken, or other treatments performed. In circumstances where the risk of colonoscopy-associated complications is high, CT colonoscopy may be an appropriate alternative.

In colon cancer screening, faecal testing for blood (called faecal occult blood testing) will detect the majority of cancers but unfortunately fewer cancers than colonoscopy. Most polyps do not bleed, and faecal testing will be negative. It is, however, simple and has no complications other than, of course, the risk of a missed cancer.

Special Considerations:

1. Blood thinning medications.

A. Aspirin compounds:

Aspirin including low dose aspirin e.g. Astrix, Cartia, Cardiprin and DBL aspirin do not appear to result in a significant increase in bleeding, even when polyps are removed. These should usually be continued. If you are concerned about this contact the doctor (usually your GP) who is supervising the aspirin.

B. Clopidogrel (trade names Plavix, CoPlavix and Iscover), ticagrelor (trade name Brilinta), prasugrel (trade name Effient):

Most patients can safely stop these medications seven days prior to colonoscopy, recommencing the day after the procedure.

If however you have had a coronary, carotid artery or vascular stent inserted in the last 12 months there is a risk of clogging of the stent. This can have serious consequences. Dr Dorrington will discuss this with your GP or the doctor who commenced the medication, and then discuss this with you. If you have had a stent inserted in the last 12 months, do not stop the clopidogrel, ticagrelor or prasugrel until Dr Dorrington contacts you.

C. Anticoagulants, i.e. Warfarin, Eliquis, Xarelto or Pradaxa:
Although colonoscopy can be performed in patients on these medications there is the increased risk of bleeding if polyps are removed.
The decision to continue or stop Warfarin, or other anti-coagulants, as well as the way this should be managed, is made on a case by case basis.
If you are on any of these medications, please continue the medication in your usual dose until you have discussed this with Dr Dorrington, or your own doctor.

2. Diabetes

If you are using **Insulin** you will need to let Dr Dorrington know at least 7 days prior to the procedure. Occasionally you may need to be admitted to hospital for the preparation.

N.B. Antibiotics are only very rarely given prior to the procedure.

How is Colonoscopy performed?

Dr Dorrington will be assisted by both a nurse and a specialist anaesthetist. You will be asked for details of your medical history, as special precautions may be necessary to reduce risks, especially if you have had a serious heart, chest or other medical problem.

At the beginning of the procedure, you will be given an injection into a vein to sedate and relax you. Oxygen is given with the levels in your blood being monitored via a "peg" on your finger. The colonoscope is inserted through the anus (back passage) into the rectum and the large bowel. If any polyps (mushroom or wart-like growths) are found, it is advised that they be removed at the time as cancer can arise from these growths. Most polyps can be removed by placing a wire snare around the base of the polyp and either applying an electric current or just severing the polyp (polypectomy).

Sometimes a poor result from the preparation, bowel narrowing or other diseases prevent the colonoscope being passed through the entire large bowel.

After your Colonoscopy:

After the procedure you will be monitored in Recovery until you are able to be assisted to a chair in the Recovery Lounge where you will be offered light refreshments.

When you have recovered suitably, Dr Dorrington will give you a short provisional report and will briefly discuss the report with you. ***With Direct Access Colonoscopy, it is up to the referring doctor and not Dr Dorrington to assess the relevance of the findings in relation to your symptoms and institute any treatment.***

The sedation has the effect of frequently causing you to forget what you have been told after the procedure. A complete, detailed report will be sent to your doctor.

You will, in general, be ready to go home about one to two hours after the procedure. **You must have a responsible person accompany you home.** It is important to have someone stay with you for the rest of the day and overnight.

As the sedative drugs will remain in your system for some time, do not drive a car, use machinery, cook or iron for at least 12 hours. Do not return to work or sign legal documents until the next day.

If you have MORE THAN MILD abdominal pain, profuse rectal bleeding, fevers or other symptoms which cause you serious concern, then you should contact Dr Dorrington or your local hospital.

WHAT IS GASTROSCOPY?

Gastroscopy is the direct inspection of the oesophagus, stomach and duodenum (upper gastrointestinal tract) via a gastroscope – a long, flexible tube about 9-10 mm in diameter which displays an image on a TV screen. Small tissue samples (biopsies) may be painlessly collected in conjunction with gastroscopy by passing long, thin forceps down a channel in the gastroscope.

The procedure is commonly performed when your doctor suspects any inflammation, ulceration or other abnormality of these areas.

What preparation is necessary?

- Nil by mouth, other than water, for 6 hours prior to the procedure. No water for 2 hours before your arrival time

- All regular medications (excepting diabetic medication) to be taken as usual with a small amount of water on the day of the procedure.

- Patients with diabetes on **INSULIN MUST** contact Dr Dorrington's rooms at least three working days prior to the procedure to make special arrangements.

How Accurate is Endoscopy?

Endoscopy is accurate in diagnosing ulcers or cancers of the oesophagus, stomach or duodenum. It is less accurate in diseases which affect the function of the oesophagus and the stomach.

No procedure is perfect. Even an unusual form of gastric cancer (linitis plastica) can be missed.

Are there Alternative Investigations?

There are alternative tests e.g. barium studies. These can complement endoscopy but are usually not as informative as direct inspection by endoscopy.

Endoscopy allows biopsies to be taken to diagnose a number of different conditions.

How is Gastroscopy performed?

Dr Dorrington will be assisted by both a nurse and a specialist anaesthetist. You will be asked for details of your medical history including drug allergies. Special precautions may be necessary to reduce risks, especially if you have a serious heart, chest or other medical problem.

At the beginning of the procedure, you will be given an injection into a vein to sedate and relax you. Your throat may be sprayed with local anaesthetic. A mouthguard is used to protect your teeth. Extra oxygen is given, with the levels in your blood being monitored via a "peg" on your finger. With your chin flexed on your chest, the gastroscope is passed over the tongue and into the pharynx, oesophagus, stomach and duodenum.

Occasionally, there will be a narrowing in the oesophagus (gullet). If considered appropriate, this may be stretched open using a dilator passed over a guide wire (oesophageal dilatation).

The entire procedure takes between 5 and 20 minutes, is not painful and you will be able to breathe normally throughout.

After your Gastroscopy.

After the procedure you will be assisted to the Recovery Lounge. When your swallowing reflex has returned, you will be offered light refreshments.

When you have recovered suitably, Dr Dorrington will give you a short provisional report and will briefly discuss the report with you. ***With Direct Access Gastroscopy, it is up to the referring doctor, not Dr Dorrington, to assess the relevance of the findings in relation to your symptoms and institute any treatment.***

The sedation has the effect of frequently causing you to forget what you have been told after the procedure. A complete detailed report will be sent to your doctor usually the next working day.

You will, in general, be ready to go home about 60-90 minutes after the procedure. **You must have a responsible person accompany you home.** You must have someone stay with you for the rest of the day and overnight.

As the sedative drugs will remain in your system for some time, do not drive a car, use machinery, cook or iron for at least 12 hours. Do not return to work or sign legal documents until the next day.

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COLONOSCOPY - SAFETY AND RISKS

PLEASE READ THIS CAREFULLY

It is not possible to list all potential risks and complications of this procedure. If you have any specific concerns, please speak to Dr Dorrington prior to the procedure.

This important information is not meant to frighten you; but it is our responsibility to outline the risks. You can then make an informed decision whether or not to proceed. There are, of course, risks in **not** having the procedure e.g. missed diagnoses including cancer.

Complications of diagnostic colonoscopy are uncommon, and most surveys report serious complications in fewer than one in a thousand patients. Minor complications which can occur, include intolerance to the bowel preparation solution – usually nausea, vomiting and occasionally dehydration, or reaction to sedatives. Dehydration and fasting can cause headache.

Perforation (a hole in the bowel) or major bleeding from the bowel is extremely rare but if it occurs, may require surgery. When interventions such as removal of polyps are carried out at the time of examination, there is a slightly higher risk of perforation, or indeed bleeding from the site where the polyp was removed – often 5-14 days after the procedure. In the unlikely event of major haemorrhage occurring, blood transfusion may be necessary. Please inform Dr Dorrington if you have any religious or ethical reservations re blood transfusion.

Complications of sedation are uncommon and are usually avoided by administering oxygen and monitoring oxygen levels in the blood during the procedure. Rarely however, serious sedation related problems can occur. Aspiration of secretions into the lungs is a potentially serious complication, sometimes requiring hospital admission.

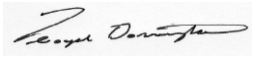
A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with any interventional procedure. If you wish to have full details of rare complications explained, pleased indicate this to your referring doctor prior to the procedure and a consultation with Dr Dorrington will be organised to discuss your concerns prior to you commencing the preparation.

CONSENT FOR COLONOSCOPY/POLYPECTOMY

I have read and understand the procedure information for colonoscopy as outlined in the patient information brochure supplied and have read and understand the fees charged for this procedure. I hereby agree to the performance of the colonoscopy by Dr Dorrington and the taking of biopsies and removal of polyps if considered appropriate by Dr Dorrington at the time of the colonoscopy. I hereby give Dr Dorrington permission to access or obtain relevant medical information from any other health professional or ancillary service provider. I understand this will assist him in my diagnosis and management.

PATIENTS SIGNATURE…… **WITNESS SIGNATURE**……..

NAME…… **NAME** ……
(Please print) (Please print)
DATE…… **DATE** ……

DOCTORS SIGNATURE: 

PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU

WHEN YOU ATTEND YOUR PROCEDURE

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SAFETY AND RISKS FOR UPPER GIT ENDOSCOPY (GASTROSCOPY)

PLEASE READ CAREFULLY

This important information is not meant to frighten you but it is our responsibility to outline the risks. You can then make an informed decision whether or not to proceed. There are, of course, risks in **not** having the procedure e.g. missed diagnoses including cancer.

Gastroscopy is usually safe and simple. Your throat may be uncomfortable for a day or two but other side effects and complications are unusual. On very rare occasions (less than 1 in 10,000 procedures) severe damage to the oesophagus or stomach can occur at the time of the examination. Dental damage and swollen lips can occasionally occur.

Complications of sedation are uncommon and are usually avoided by administering oxygen and monitoring oxygen levels in the blood during the procedure. Rarely, however, particularly in patients with severe cardiac or chest disease, serious sedation related problems can occur. You must notify the anaesthetist if you have had **any chest pain** on the day of the procedure.

Aspiration of secretion into the lungs is a potentially serious complication, sometimes requiring hospital admission.

If you wish to discuss possible complications with Dr Dorrington before the procedure, please inform the staff. Death is a remote possibility with any interventional procedure.

CONSENT FOR UPPER GIT ENDOSCOPY (GASTROSCOPY or OESOPHAGEAL DILATATION)

I have read and understood the procedural information on gastroscopy (upper GIT endoscopy) as outlined in the patient information brochure supplied and have read and understand the fees charged for this procedure.

I hereby agree to the performance of the gastroscopy by Dr Dorrington and to the taking of biopsies and performance of oesophageal dilatation or other upper GIT endoscopic procedures deemed to be appropriate by Dr Dorrington at the time of the gastroscopy.

I hereby give Dr Dorrington permission to access or obtain relevant medical information from any other health professional or ancillary service provider. I understand this will assist him in my diagnosis and management.

PATIENTS SIGNATURE……

NAME……
(Please print)
DATE……

WITNESS SIGNATURE……

NAME ……
(Please print)
DATE ……

DOCTORS SIGNATURE : 

PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU

WHEN YOU ATTEND YOUR PROCEDURE

PAYMENT POLICY

☐ Your fund **does** have a suitable "no gap" policy.
Dr Dorrington will directly bill your fund and you will not be required to submit forms or pay any gap. However, in the event that your health fund does not cover this account or not pay the fee in full, then you will be required to pay this account or any gap. Examples of where this might occur include not being financial, or if waiting periods have not been served.

The day hospital fee is separate from Dr Dorrington's account and is **usually** submitted directly to your fund. If you have an **excess on your policy** this may apply. Please check this with patient services at the day surgery, or with your health fund

☐ Your fund **does not** have a suitable "no gap" policy.
Secure payment is required for the day of the procedure. We will require your credit card details and will then bill your card accordingly following the procedure. If you do not have a credit card we will require secure payment prior to the procedure day either by EFTPOS, cash or cheque. Your account and receipt will then be forwarded after the procedure for claiming from both Medicare and your private health fund.

☐ DVA will pay your fee in full

☐ You have no private health insurance – cost estimate attached

Secure payment is required for the day of the procedure. We will require your credit card details and will then bill your card accordingly following the procedure. If you do not have a credit card we will require secure payment prior to the procedure day either by EFTPOS, cash or cheque. Your account and receipt will then be forwarded after the procedure for claiming from Medicare.

If Medicare has your bank account details, we can submit the paid account electronically to Medicare for a direct refund into your account. Please advise our staff if you would like to choose this option

* *

The anaesthetist is a private practitioner. Should you have any queries about the anaesthetic fee or your out of pocket expenses to the anaesthetist, please ring:

☐ Southport Anaesthetic Services on 5532 3667 or

☐ Dr Naomi Pearson on 55788543

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If any tissue samples are sent to the pathologist an account will be raised by the pathologist for this examination.
If your fund has a direct billing agreement with the pathologist, the account will be sent to the fund for payment. **However, if your fund does not have an agreement, or if you are uninsured, you will be sent the account, which you can then claim on Medicare (and a portion of the account from your health fund (if applicable)). Any amount over your refund will be your responsibility.**