

Anticoagulants and antiplatelets

Patients can continue on:

Aspirin, dipyridamole and NSAIDs.

A GIE nurse will contact the patient for an assessment when on:

Warfarin, clopidogrel, dabigatran, prasugrel, abciximab, ticlopidine, tirofiban, rivaroxaban, cilostazol, ticagrelor.

It is preferable for patients to have clear directions from their relevant doctor about the safety of ceasing these medications prior to booking a colonoscopy.

The care and appropriate management of these patients will then be discussed with the GIE gastroenterologist and all relevant parties.

Open Access with GastroIntestinal Endoscopy offers you access to:

- Upper gastrointestinal endoscopy and colonoscopy with polypectomy
- Rapid access to procedures (within 1–2 weeks)
- Immediate procedure reports via Medical Objects
- A large team of skilled and experienced gastroenterologists
- Prep appointments with registered nurses for colonoscopy
- A comprehensive recall register for patient follow up
- Convenient locations available over five days
- No gap to pay for patients with top hospital cover
- A cost effective option for non-insured patients

GastroIntestinal Endoscopy doctors and locations

Dr Roderick Roberts MB BS FRACP

Dr William Robinson MB BS FRACP

Dr Neville Sandford MB BS FRACP

Dr Michael Miros MB BS FRACP

Dr Andrew Bryant MB BS FRACP

Dr Hugh Spalding MB BS FRACP BVSc PhD

Brisbane Endoscopy Services

Suites 16–18 McCullough Centre
259 McCullough Street, Sunnybank QLD 4109

Phone: 07 3344 1844

Fax: 07 3344 2739

Chermside Day Hospital

Chermside Medical Complex
Level 1, 956 Gympie Road, Chermside QLD 4032

Phone: 07 3120 3407

Fax: 07 3120 3443

North West Private Hospital

Endoscopy Unit
137 Flockton Street, Everton Park QLD 4053

Phone: 07 3353 3322

Fax: 07 3353 9325

The Wesley Hospital

3rd Floor, East Wing
Endoscopy Unit
451 Coronation Drive, Auchenflower QLD 4066

Phone: 07 3870 3799

Fax: 07 3870 5069

GUIDELINES FOR REFERRING DOCTORS

“Our Mission is to deliver experienced and accessible endoscopy services with the highest quality of healthcare standards to improve the health outcomes of patients and the communities we serve.”

For all appointments call
1300 4 GASTRO (1300 442 787)
www.gastros.com.au

Referring doctor information

Gastrointestinal Endoscopy (GIE) commenced the first open access endoscopy service in Queensland in 1985. Open access endoscopy allows a direct referral of patients for endoscopic procedures without prior consultation with a gastroenterologist.

The GIE open access service offers both upper endoscopy and colonoscopy with polypectomy.

The GIE bookings officer discusses with the patient the next available or preferred appointment and is scheduled for their procedure with one of our experienced GIE gastroenterologists.

Referring doctors receive a copy of the procedure report on the day of the procedure via Medical Objects or fax. All patients also receive a hard copy of their procedure report on discharge.

The gastroenterologist will notify the referring doctor directly if any serious pathology is found and sometimes a consultation with a gastroenterologist or referral to a surgeon is recommended.

Patients requiring a follow-up procedure are entered on a recall register and GIE will notify the patient and the referring doctor when the follow-up procedure is due.

To limit the risk of complications during the procedure, the patient must have no or few co-morbidities. The following information serves the purpose to guide the referring doctor through the process of patient selection and referral.

Medical assessment before endoscopic procedures

Below is a list of medical conditions which may require consultation before the procedure. Our bookings officers or trained gastrointestinal nurses will contact the gastroenterologist who will be doing the procedure if there is doubt regarding the safety of the procedure.

Cardiovascular:

- recent myocardial infarct (within three months)
- unstable angina
- new onset chest pain without cardiological assessment
- symptoms of cardiac failure
- uncontrolled arrhythmias
- severe valvular heart disease
- cyanotic congenital heart disease
- implantable defibrillators
- coronary stents (drug eluting within 12 months, bare metal within one month)

Respiratory:

- severe asthma/COPD
- severe obstructive sleep apnoea
- severe upper airways problem

Neurological:

- recent CVA or frequent TIA's
- uncontrolled epilepsy
- severe mental retardation/dementia

Renal:

- significant renal impairment including patients on dialysis

Gastrointestinal:

- acute diverticulitis (procedure postponed for four weeks after treatment)
- recent abdominal surgery
- active inflammatory bowel disease
- gut obstruction

Liver Disease:

- decompensated cirrhosis (ascites, encephalopathy or gastrointestinal bleeding)
- jaundice

Endocrinology:

- insulin dependant diabetes
- uncontrolled hypo or hyperthyroidism

Psychiatry:

- major disorders that may impact the patient's ability to follow the diet and preparation instructions

General Assessment:

- severe frailty
- living alone and unable to cope with colonoscopy preparation

Age:

- children (<15 years) or elderly (>85 years)
- if life expectancy <10 years, screening procedures are not normally recommended

Weight/BMI:

- morbid obesity (BMI >40)

Pregnancy/Breast Feeding:

- pregnant patients require a consultation
- breast feeding can be continued before and after procedure

For referral forms and templates go to: www.gastros.com.au or call us for more information.

Please indicate the reason for the procedure on the referral form.

