

## 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.

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

### Open Access endoscopy with GIE gives you access to:

- Upper gastrointestinal endoscopy and colonoscopy with polypectomy
- Prompt procedure time (within 1–2 weeks)
- Immediate reports via Medical Objects
- A large team of skilled and experienced gastroenterologists
- Four convenient locations over five days
- A cost effective option for 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 4 427876)  
[www.gastros.com.au](http://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. Capsule endoscopy can also be arranged for patients who meet certain criteria.

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. 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 and pacemakers
- 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:

- renal failure 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 (>80 years), however the biological rather than chronological age should be considered
- if life expectancy <10 years, screening procedures are not normally recommended

### Weight/BMI:

- morbid obesity (BMI >40)

For referral forms and templates go to: [www.gastros.com.au](http://www.gastros.com.au) or call us for more information.

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

