

the insider

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DR WILLIAM ROBINSON
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DR ANDREW BRYANT
DR HUGH SPALDING

The Gastroenterologists and staff at GastroIntestinal Endoscopy would like to thank you for your support and referrals throughout 2013. We wish you and your family a safe and happy holiday period.

Utilising the Open Access Endoscopy Services of GIE Dr William Robinson

What are the benefits of an Open Access Endoscopy Service?

Open access endoscopy services provide a rapid diagnostic and (limited) therapeutic facility for patients with suspected gastrointestinal disorders. At Gastrointestinal Endoscopy we strive to provide a high quality, safe and timely endoscopic service.

How can a referring doctor get the most out of GastroIntestinal Endoscopy?

It is important for GastroIntestinal Endoscopy to develop and retain a good working rapport with referring doctors in an endeavor to facilitate an efficient and quality service. A concise and precise history is most helpful for the proceduralist and will allow generation of the clearest possible response to the clinical question asked of the gastroenterologist. In addition it is helpful if mention is made of any

specific endoscopic tasks (such as targeted biopsy) which are required.

What patients are suitable for Open Access Endoscopy?

In general any patient aged between 16 and 80 is suitable for open access endoscopy provided they do not have significant co-morbidities which could render the procedure or aftercare a risk to the patient. Patients outside that age band are considered for suitability on an individual basis. Patients with insulin dependent diabetes and those on anti-coagulant therapy present particular concerns and will often require a pre-procedural consultation prior to colonoscopy. Patients with BMI greater than 40 should have their open access procedures at a fully equipped hospital rather than a day endoscopy centre.

As a proud member of the GastroIntestinal Endoscopy/ Brisbane Endoscopy Services family for almost 15 years I am honoured to work with some of Brisbane's best doctors to provide the highest quality endoscopy services to our patients.

Many of our valued staff have also been part of the team for well over a decade and this, together with an organisational wide commitment to education, quality and safety has meant that we provide our patients with the most recent innovations, up to date knowledge and skills whilst using state of the art equipment. Ongoing participation in the accreditation process also ensures that GIE and BES are constantly striving to improve the care and services they provide to the community they serve.

Amanda Kim
Operations Manager,
Brisbane Endoscopy Services

End of Year Closures

Our sites at Sunnybank, Wesley and North West Private will be closed from 2pm on Tuesday 24th December to Wednesday 1st January inclusive. Chermide Day Hospital will be closed from Monday 23rd December to Monday 6th January. Both our telephones and prep appointments will be available at all locations from Thursday 2nd January 2014.

I would like to thank our referring doctors for entrusting us with the care of their patients throughout 2013.

We performed over 8700 procedures to investigate the gastrointestinal health of patients across Brisbane. This year we farewelled Dr Alistair Cowen to retirement and welcomed Dr Hugh Spalding as a full time

partner. We are continually striving to achieve excellence and efficiency across all of our processes to ensure the highest level of customer service and support for our patients and referring doctors. We look forward to partnering with you again in 2014.

Justine Whelan
General Manager, GastroIntestinal Endoscopy

If you require A5 referrals pads, please contact us on 1300 4 GASTROS (1300 442 787).
Electronic referral templates can be downloaded from our website www.gastros.com.au



Referrals for Open Access Procedures

Dr Neville Sandford

When referring patients to GastroIntestinal Endoscopy for Upper Endoscopy and/or Colonoscopy, it is important that a valid indication is included on the referral form.

The Open Access referral system entails doing procedures on patients without first having a comprehensive consultation before the procedure.

The Gastroenterologist always speaks to the patient before the procedure.

This is to verify that the patient has a valid indication for the procedure, to confirm that they understand the nature of the procedure and the risks and benefits of the procedure, to ensure that there are no medical comorbidities which may compromise the safety of the procedure, and to answer any queries they may have regarding the procedure.

As the Gastroenterologist does not go into an in-depth consultation with the patient, it is important that he is directed by the referral form to ensure that the appropriate procedure is being done and that relevant tests or biopsies are performed during the procedure.

Often the patient does not clearly understand why they are having the procedure, or sometimes relate an indication which is not correct, so having the referring doctor's indication for the procedure is very important.

For example if a patient is referred for investigation of iron deficiency anaemia, this will usually mean that both an upper endoscopy and colonoscopy is required and small bowel biopsies will routinely be taken to exclude Coeliac disease. Alternatively if the patient is having an upper endoscopy and colonoscopy

and has vitamin B12 deficiency, gastric body biopsies will be taken to exclude autoimmune gastritis and the ileum will be intubated to exclude terminal ileal disease. Without this knowledge in advance, the patient may not get all the appropriate investigations or tests to exclude all possible diagnoses.

The delicate issue of referring patients for "screening" procedures should be addressed. Medicare rebate is not payable where the service is a health screening service as defined as "a medical examination or test that is not reasonably required for the management of the medical condition of the patient".

The Minister has however directed that Medicare Benefits are payable for tests which are considered reasonably necessary according to patients' individual circumstances, e.g. age, physical condition and personal or family history. Therefore patients with high risk conditions which increase an individual's risk of cancer such as a family history of polyps or bowel cancer, personal history of polyps or inflammatory bowel disease, or presence of Barrett's oesophagus would be acceptable indications for screening, but a patient at average risk, without symptoms, and who turns 50 wanting screening for bowel cancer is a potentially problematic case. Listing "screening" or "routine" is therefore not a valid indication for a procedure.

Similarly, requesting an upper endoscopy to be done at the same time as a colonoscopy without a valid indication for both is not acceptable.



Essentials for Open Access referrals

- Procedure/s requested
- Indication for procedure/s
- Current medications
- Current medical history/ comorbidities
- Allergies
- BMI

It is best to list a specific symptom, such as change in bowel habit, investigation of abdominal pain, or rectal bleeding as an indication. If there are truly no specific symptoms then if, for example, the patient has recently had a friend with a new diagnosis of bowel cancer and is anxious to be "checked out", you may list "concern re bowel cancer" as an indication which would be valid as it is addressing the patient's psychological health needs.

With the advent of the National Bowel Cancer Screening Programme, the government is being proactive in promoting awareness of and the importance of investigation for bowel cancer, so it is unlikely to audit referrals for endoscopic procedures, but it would be wise to ensure that an acceptable indication is entered on the referral form to avoid this eventuality.

GIE locations and contact details For all appointments, call 1300 4 GASTRO (1300 4 427876)

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

Level 1
Chermside Medical Complex
956 Gympie Road
Chermside QLD 4032

Phone: 07 3120 3407
Fax: 07 3120 3443

The Wesley Hospital

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

Phone: 07 3870 3799
Fax: 07 3870 5069

North West Private Hospital

Endoscopy Unit
137 Flockton Street
Everton Park
QLD 4053

Phone: 07 3353 3322
Fax: 07 3353 9325