



Dr Allen Lim

MBBS (Honours), FRACP

Gastroenterologist & Hepatologist

Provider No: 2241515K ABN: 70 759 613 609

Name:

Date of Birth

Procedure

■ COLONOSCOPY

Appointment Details

Day: Monday Tuesday

Wednesday Thursday

Date:

Time:

Location: **John Flynn Hospital**
Day Surgery Unit
Ground Floor
John Flynn Hospital
Inland Drive, Tugun Q 4224
T: 07-5598 9000
www.johnflynnprivate.com.au

Monday

Thursday

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Robina Private Hospital
Day Surgery Unit
Ground Floor
1 Bayberry Lane
Robina Q 4226
T: 07-5665 5100
F: 07-5665 5199
www.robinaprivatehospital.com.au
admissionsrobina@healthecare.com.au

Please read the enclosed information leaflet(s) on the procedure(s) you will be having. Sign the appropriate consent form(s). Remember to bring them along to your procedure on that day.

Notice:

Cancellation or re-scheduling of procedural appointment with less than 2 business days' notice may incur a \$50 fee



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As of February, 2018

Dear Valued Client,

Fee Schedule for Procedures Performed by Dr Allen Lim

If you have Private Health Insurance

I participate in the No Gap Schemes of all Health Funds. This means that I will bill your Health Insurance directly and there is no out-of-pocket cost to you, outside of your usual insurance excess.

If you do not have Health Insurance but have elected to go Private

There is a one-off *Facility Fee* to cover costs to the Private Hospital/Day Surgery Unit. This is not covered by Medicare, but it will be the only out-of-pocket expense for your procedure with the exception of the extra Pathology mentioned below.

However, if biopsies are taken, then there may be an added expense, charged by the Pathology Lab. They will send you an account, part of which will be covered by Medicare, leaving a gap to pay.

Yours sincerely

Allen Lim

Dr Allen Lim
Gastroenterologist & Hepatologist



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IMPORTANT NOTE:

Iron tablets or liquid supplement, Fish Oil - Stop 1 week prior to the procedure

Aspirin - **continue as usual unless instructed otherwise**

Iscover, Plavix, Co-Plavix, Brillanta **Please discuss with my staff**

Warfarin, Clexane, Pradaxa, Xarelto, **Please discuss with my staff.** Special arrangements may need to be made, including inpatient preparation.
Eliquis, Insulin dependant Diabetic

Recommence your medications the following day after the procedure, unless instructed otherwise. If you are unsure about any aspect of this, please contact my rooms. If you require pain relief medication, Paracetamol is allowed.

**No additional preparation is required for Gastroscopy, apart from fasting as outlined below.*

INSTRUCTIONS FOR BOWEL PREPARATION FOR COLONOSCOPY

Two Days Before the Procedure - commence a Low Residue (Low Fibre) Diet

AVOID

Wholegrain/wholemeal foods
Muesli/bran/cereals
Fruit
Vegetables
Fibre supplements

EXAMPLES OF LOW RESIDUE

Eggs (poached or boiled)
White bread/toast
Scraping marg, butter, honey, vegemite
Chicken noodle soup
Plain 2 minute noodles
Cottage, fetta, Philadelphia cheese
Steamed or grilled skinless chicken
Steamed or grilled fish (tin or brine only)
Boiled potato, pumpkin, sweet potato
White rice, pasta, plain noodles
Plain scones, plain sponge cake
Plain biscuits e.g. Sao
Low fat plain yoghurt
Lemon Jelly

One Day Before the Procedure – Change to a Clear Fluid Diet

At 8am after breakfast: Start clear fluid diet, i.e. any fluid you can see through. (Black tea/ coffee, green/ yellow jelly, clear broth soups, 'Bonox', lemonade, clear apple & pear juice, water, wine & beer (in moderation), lemon cordials and leucozade, etc).

As a guide, drink at least a glass of clear fluid every half hour. You may also suck barley sugar or light lemon sweets to maintain calories and a feeling of well being as you are unable to have solid food for 24 hours.

Continue reading next page



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FOR MORNING PROCEDURES

At 6pm

Dissolve **one sachet of PICOSALAX** in 150ml of water (about $\frac{3}{4}$ of a glass) and drink slowly over 10-15minutes. Drink another glass of fluid straight after this to wash PICOSALAX down. **Continue with clear fluid diet. Drink at least another 4 glasses of water over the next few hours.**

On the Day of the Procedure

At 4am

Dissolve **one sachet of PICOSALAX** in 150ml of water (about $\frac{3}{4}$ of a glass) and drink slowly over 10-15minutes. Drink another glass of fluid straight after this to wash PICOSALAX down. **Continue with clear fluid diet. Drink at least another 2 glasses of water over the next 1 hour.**

From 5am

Fast (No food or drink)

Present yourself to the Reception Desk of Day Procedure Centre by the appointed time.

FOR AFTERNOON PROCEDURES:

At 6pm

Dissolve **one sachet of PICOSALAX** in 150ml of water (about $\frac{3}{4}$ of a glass) and drink slowly over 10-15minutes. Drink another glass of fluid straight after this to wash PICOSALAX down. **Continue with clear fluid diet. Drink at least another 4 glasses of water over the next few hours.**

On the Day of the Procedure

At 10am

Dissolve **one sachet of PICOSALAX** in 150ml of water (about $\frac{3}{4}$ of a glass) and drink slowly over 10-15minutes. Drink another glass of fluid straight after this to wash PICOSALAX down. **Continue with clear fluid diet. Drink at least another 2 glasses of water over the next 1 hour.**

From 11am

Fast (No food or drink)

Present yourself to the Reception Desk of Day Procedure Centre by the appointed time.

PLEASE NOTE FOLLOWING THE PROCEDURE:

Because you will be given sedatives and/or anaesthesia medication, you should **NOT** drive or sign legal documents for the next 12hours. **Arrange for a relative or friend to transport you home. It is advisable that you have someone at home with you following discharge from hospital.** Sometimes a little unsteadiness persists from the sedative, if so, avoid driving or operating heavy machinery the following day as well. **Avoid alcohol on the day of your procedure and also the following day.**



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COLONOSCOPY

PLEASE READ AND SIGN THE CONSENT FORM

What is Colonoscopy?

Colonoscopy involves the use of a flexible telescope (called a colonoscope) to visually inspect the inside of your large bowel. The colonoscope is a long black tube about as thick as your index finger, which can project a colour image onto a TV screen. It is capable of also allowing various diagnostic and interventional procedures to be performed if necessary, including:

- Biopsies (small and painless sampling of tissue)
- Removal of polyps (wart-like growths) using a special snare
- Treatment of bleeding areas with either injections, cautery or application of clips

Why am I having a Colonoscopy?

Your doctor is concerned that you may have inflammation, polyps or other abnormality in your large bowel. Features that suggest this may include:

- Personal or family history of bowel polyps or cancer
- Change in bowel habit with diarrhoea and/or worsening constipation
- Anaemia (low red blood count)
- Black discolouration of your bowel motions
- Bleeding from the back passage
- Unexplained weight loss

Preparation

Good preparation to clean out the large bowel is essential, so that I can have clear views of the inside of your colon. This would reduce the chance of missing any lesions and make the procedure easier and quicker to perform. If the preparation is poor, you may need to have a repeat colonoscopy.

Please find attached the Instruction Form for the bowel prep.

If you are on **diabetic medication** or **Insulin**, have **heart valve disease**, **pacemaker device**, on the blood thinner **Warfarin** or could be **pregnant**, please inform me before arranging the colonoscopy, since special precautions or preparation may be required to ensure your procedure is done in the safest manner.

What to Bring

- A list of your current medications and allergies
- Your Medicare and Healthcare/Health fund Card
- Your Referral (if not already seen in my Rooms beforehand)
- This signed form

What to Expect

Immediately before the procedure:

- You will be met by the Unit's nurses
- You will have a short interview with an Anaesthetist and myself
- Once brought into the Procedure Room, a special catheter will be inserted into your vein so that we can give you sedatives by injection. You will feel sleepy and have little memory of the following events.
- You will be put in a comfortable position lying on your side although you may sometimes need to be turned, to facilitate the procedure.

During the procedure:

- I will first check your rectum with a gloved finger to ensure there is no blockage.
- The colonoscope is then passed through the back passage, and gently manoeuvred along the large bowel. Because some polyps have the potential for cancerous change over time, I generally will remove them if I find any.
- A typical procedure takes between 20-45 minutes to complete.



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After the procedure:

- You will rest in our Recovery Area for 2 hours, until the effects of the sedative wear off.
- I will explain to you about the findings and recommendations before you leave.
- A Colonoscopy Report will be sent to your GP/referring doctor within 1-2 working days.
- You may experience some bloating and abdominal discomfort due to the air introduced during Colonoscopy. This will usually settle as you pass it out. Very rarely you may pass a small amount of blood. This is due to biopsies taken and is of no concern.

IMPORTANT NOTE

Because you received sedative medications which can temporarily impair judgement:

- You should **NOT drive, drink alcohol, cook, iron, operate machinery or sign legal documents for the next 12 hours.**
- Arrange for a relative or friend to transport and stay with you at home after discharge from hospital. Do not use public transport unaccompanied.
- Sometimes a little unsteadiness persists from the sedative, if so, avoid driving or operating machinery the following day as well.

Risks of Colonoscopy

Colonoscopy is safe and complications are rare, especially if it is just a simple inspection. Significant complications occur in less than 1 in 1000 procedures.

Risks can include, but not limited to:

- Small chance of an abnormality not detected, particularly if bowel prep suboptimal
- Intolerance to the bowel preparation – some develop dizziness, cramps or vomiting
- Reaction to sedatives or anaesthetics – uncommon, but can occur in people with severe lung or heart disease.
- Major bleeding from bowel – usually if polyp removal is performed
- Perforation (breaking a hole) in the colon

Some complications can be serious and life-threatening, necessitating hospitalisation, blood transfusion and even surgery. Death is a very remote possibility. However, all care is taken by me and my Team to ensure that your procedure runs as safely and comfortable as possible.

If you develop any of the following symptoms in the next 7 days, contact the local hospital or my rooms immediately:

- Severe abdominal pain
- Black tarry bowel motions
- Persistent bleeding from the back passage
- Fever or other symptoms that cause you concern

If you have any issues about the procedure you wish to discuss, feel free to contact me.

Useful Phone Numbers in case of Emergency:

Dr Allen Lim 07-55980574

Private Hospitals

John Flynn Private Hospital 07-55989000
Pindara Private Hospital 07-5588 9888

Public Hospitals

Tweed Hospital 07-55361133
Robina Hospital 07-5668 6000
Gold Coast Hospital 07-5519 8211



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COLONOSCOPY CONSENT

To make the procedure as easy as possible it would help if you could 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 doctor accordingly) YES/NO
6. Do you suffer from allergies? YES/NO If YES, specify: _____
7. Do you have a companion with you to drive you home? YES/NO

I have read and fully understand the information provided in this form on Colonoscopy. I agree to having a Colonoscopy. I give my consent to Dr Allen Lim to perform the procedure, and to taking any biopsies, removing polyps or other intervention as is deemed appropriate at the time of Colonoscopy.

Patient Signature

Witness Signature

Dr Allen Lim

Name:

Name:

Date:

Date:

Date:

PLEASE COMPLETE AND BRING WITH YOU ON THE DAY OF YOUR PROCEDURE