



# Dr Allen Lim

MBBS (Honours), FRACP

Gastroenterologist & Hepatologist

Provider No: 2241515K ABN: 70 759 613 609

Name: .....
Date of Birth .....

## Procedure

### ■ FLEXIBLE SIGMOIDOSCOPY

## Appointment Details

Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Monday
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
Date: .....	.....
Time: .....	.....
Location: <b>John Flynn Hospital</b> Day Surgery Unit Ground Floor John Flynn Hospital Inland Drive, Tugun Q 4224 T: 07-5598 9000 <a href="http://www.johnflynnprivate.com.au">www.johnflynnprivate.com.au</a>	<b>Robina Private Hospital</b> Day Surgery Unit Ground Floor 1 Bayberry Lane Robina Q 4226 T: 07-5665 5100 F: 07-5665 5199 <a href="http://www.robinaprivatehospital.com.au">www.robinaprivatehospital.com.au</a> <a href="mailto:admissionsrobina@healthecare.com.au">admissionsrobina@healthecare.com.au</a>

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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## FLEXIBLE SIGMOIDOSCOPY

### PLEASE READ AND SIGN THE CONSENT FORM

#### What is Flexible Sigmoidoscopy?

Flexible sigmoidoscopy is a partial colonoscopy, examining only up to the lower third of the large bowel. Similar to colonoscopy, a flexible telescope (called a colonoscope) is used 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.

#### Why am I having Flexible Sigmoidoscopy?

The most common scenario is that you have already had a recent colonoscopy and an abnormality was discovered in the lower part of the large bowel, requiring followup checks or intervention.

These may include:

- Removal of polyps
- Surveillance of polypectomy sites
- Haemorrhoid banding
- Treatment for bleeding due to Radiation Proctitis

#### Preparation

No bowel preparation is necessary. Upon arrival, enemas will be administered to allow you to empty your lower bowel. You need to fast (nothing to eat or drink) for **6 hours** before your Flexible Sigmoidoscopy. However you may take your regular medications with a sip of water with some exceptions:

#### IMPORTANT NOTE:

Iron tablets or liquid supplement, Fish Oil - Stop 1week 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,  
Eliquis, Insulin dependant Diabetic

**Please discuss with my staff.** Special arrangements may need to be made.

#### 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

On Arrival, you will be met by the Unit's nurses

- Two Fleet enemas will be administered which will give you the urge to empty your bowels (typically occurs within 5-10minutes.).

Immediately before the procedure:

- 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 in your side although 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 10-15 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 Flexible Sigmoidoscopy 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 Flexible Sigmoidoscopy. 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 Flexible Sigmoidoscopy**

Flexible Sigmoidoscopy 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.
- 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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## **FLEXIBLE SIGMOIDOSCOPY 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
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

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I have read and fully understand the information provided in this form on Flexible Sigmoidoscopy. I agree to having a Flexible Sigmoidoscopy. 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 Flexible Sigmoidoscopy.

**Patient Signature**

**Witness Signature**

**Dr Allen Lim**

Name:

Name:

Date:

Date:

Date:

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