



Dr Allen Lim

MBBS (Honours), FRACP

Gastroenterologist & Hepatologist

Provider No: 2241515K ABN: 70 759 613 609

Name:

Date of Birth

Procedure

■ GASTROSCOPY

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

.....

.....

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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GASTROSCOPY (UPPER GASTROINTESTINAL ENDOSCOPY)

PLEASE READ AND SIGN THE CONSENT FORM

What is Gastroscopy?

Gastroscopy involves the use of a flexible telescope (called a gastroscope) to visually inspect your oesophagus, stomach and beginning of the small bowel. The gastroscope is a long black tube about as thick as your little 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)
- Dilatation (stretching) of abnormal narrowings in the oesophagus, stomach or duodenum
- Removal of polyps
- Treatment of bleeding areas with either injections, cautery or application of clips

Why am I having a Gastroscopy?

Your doctor is concerned that you may have inflammation, ulceration or other abnormality in your upper gastrointestinal tract. Typical symptoms to suggest this may include:

- Stomach pains, heartburn
- Difficulty or sensation of food getting stuck when swallowing
- Anaemia (low red blood count)
- Black discolouration of your bowel motions
- Unexplained weight loss

Preparation

You need to fast (nothing to eat or drink) for **6 hours** before your Gastroscopy. 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

Immediately before the procedure:

- You will have a short interview with an Anaesthetist and myself
- Once brought into the Procedure Room, you will be given a throat spray to numb the throat, and a special catheter will be inserted into your vein so that we can give you a sedative 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
- A mouth guard is placed between your teeth to prevent you from accidentally biting the gastroscope.



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During the procedure:

- The gastroscope is gently passed through your mouth, into your throat and then into the stomach.
- A typical procedure only takes 5-15minutes to complete, unless additional intervention need to be performed.

After the procedure:

- You will rest in our Recovery Area for 1-2hours, until the effects of the sedative wear off.
- I will explain to you about the findings and recommendations before you leave
- A copy of the Gastroscopy Report will be sent to your GP/referring doctor within 1-2days.
- A small proportion of people may have a mild sore throat for 1-2days. You may also feel a bit bloated due to the air introduced during Gastroscopy. This will quickly settle.

IMPORTANT NOTE

Because you received sedative medications which can temporarily impair judgement:

- You should **NOT drive, drink alcohol, operate machinery or sign legal documents for 12hours.**
- Arrange for a relative or friend to transport you home.
- Sometimes a little unsteadiness persists from the sedative, if so, avoid driving or operating heavy machinery the following day as well.

Risks of Gastroscopy

Gastroscopy is very 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:

- Bleeding
- Infection
- Injury to the oral cavity, teeth, throat, oesophagus, stomach or duodenum
- Perforation (breaking a hole) in the oesophagus, stomach or duodenum. This risk is slightly higher if a dilatation (stretching) procedure is performed.

Some of these complications can be serious and life-threatening, necessitating hospitalisation and even surgery. Nevertheless, they are very rare in experienced hands. All care is taken by me and my Team to ensure that your procedure runs as smoothly, safely and comfortable as possible.

If you have any concerns you wish to discuss, feel free to contact me.



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GASTROSCOPY 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. Have you fasted for 4 hours prior to this procedure? YES/NO
4. Do you suffer from any allergies? YES/NO If YES, specify:.....
5. 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 Gastroscopy. I agree to having a Gastroscopy (Upper GI endoscopy). I give my consent to Dr Allen Lim to perform the procedure, and to taking any biopsies or intervention as is deemed appropriate at the time of Gastroscopy.

I also agree to having an oesophageal dilatation, only after prior detailed discussion about its indication and risks with Dr Allen Lim (Cross out if not applicable)

Patient Signature

Witness Signature

Dr Allen Lim

Name:

Name:

Date:

Date:

Date:

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