



# Dr Allen Lim

MBBS (Honours), FRACP

Gastroenterologist & Hepatologist

Provider No: 224151BF ABN: 70 759 613 609

Name: .....

Date of Birth .....

## Procedure

### ■ GASTROSCOPY

## Appointment Details

Day:  Monday  Tuesday  Tuesday  Wednesday  
 Wednesday  Friday  Thursday  Friday

Date: .....

Time: .....

Location: **Tweed Day Surgery**  
Suite 4, Level 1  
38-44 Boyd Street  
Tweed Heads NSW 2485  
T: 07-5506 6066  
F: 07-5599 1666  
[www.tweeddaysurgery.com.au](http://www.tweeddaysurgery.com.au)

**Robina Private Hospital**  
Day Surgery Unit  
Ground Floor  
1 Bayberry Lane  
Robina Q 4226  
T: 07 5665 5288  
F: 07-5665 5199  
[www.robinaprivatehospital.com.au](http://www.robinaprivatehospital.com.au)  
<https://admissions.aurorahealth.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. ENSURE YOU ARRANGE SOMEONE TO DRIVE YOU HOME AND SOMEONE TO STAY WITH YOU OVERNIGHT POST PROCEDURE.

### 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 December 2022

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 expected out-of-pocket expense for your procedure. Occasionally, there are unexpected findings that require use of additional consumables (e.g. clips, dilators) that may add to the cost of what you may have been quoted for the procedure.

We have an agreement with the Pathology Labs to bulk bill you for histology costs. If you received an invoice from the Lab, please inform my staff.

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:**

Fish Oil, iron tablet or liquid	Stop 1week prior to the procedure
Aspirin, Iscover, Plavix, Co-Plavix, Brillanta	Continue as usual
Warfarin, Clexane, Pradaxa, Xarelto	<b>Please discuss with my staff.</b> Special arrangements may need to be made
Insulin dependent Diabetic	

#### **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.

## **Useful Phone Numbers in case of Emergency:**

Dr Allen Lim 07-5575 8085

### **Private Hospitals**

John Flynn Private Hospital 07-5598 9000

Pindara Private Hospital 07-5588 9888

### **Public Hospitals**

Tweed Hospital 07-5536 1133

Robina Hospital 07-5668 6000

Gold Coast Hospital 07-5519 8211



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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
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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**