



Dr Allen Lim

MBBS (Honours), FRACP

Gastroenterologist & Hepatologist

Provider No: 224151BF ABN: 70 759 613 609

Name:

Date of Birth

Procedure

■ GASTROSCOPY & COLONOSCOPY

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

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
<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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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	Please discuss with my staff. Special arrangements may need to be made
Insulin dependent 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 4pm** Prepare **Moviprep** by mixing sachet A & B in 1L of water, then chill the solution. Prepare 2cups of clear fluids (see list on previous page).
- At 6pm** **Start drinking your Moviprep** plus the clear fluids over the next 90minutes. Begin with Moviprep but the clear fluids can be interspersed with Moviprep if preferred. It is important to finish ALL the Moviprep and clear fluids. **Continue clear fluid diet.**
- Before Bed** Prepare **Moviprep** by mixing sachet A & B in 1L of water, then chill the solution. Prepare 2cups of clear fluids (see list on previous page). **These are for the next morning.**

On the Day of the Procedure

- At 4am** **Start drinking your Moviprep**, plus the clear fluids over the next 90minutes.
- From 5.30am** **Fast** (No food or drink)

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

FOR AFTERNOON PROCEDURES

- At 4pm** Prepare **Moviprep** by mixing sachet A & B in 1L of water, then chill the solution. Prepare 2cups of clear fluids (see list on previous page).
- At 6pm** **Start drinking your Moviprep** plus the clear fluids over the next 90minutes. Begin with Moviprep but the clear fluids can be interspersed with Moviprep if preferred. It is important to finish ALL the Moviprep and clear fluids. **Continue clear fluid diet.**

On the Day of the Procedure

- At 7am** Prepare **Moviprep** by mixing sachet A & B in 1L of water, then chill the solution. Prepare 2cups of clear fluids (see list on previous page). **Continue clear fluid diet.**
- At 9am** **Start drinking your Moviprep**, plus the clear fluids over the next 90minutes.
- 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 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 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
- Spleen injury/rupture

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 07-5575 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 (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) as outlined in the colonoscopy instruction sheet. However you may take your regular medications with a sip of water with some exceptions:

IMPORTANT NOTE:

Aspirin & Fish Oil	}	Stop 1 week prior to the procedure
Iscover, Plavix, Co-Plavix, Brillanta	}	Please discuss with my staff
Warfarin, Clexane, Pradaxa, Xarelto	}	Please discuss with my staff. Special
Insulin dependant Diabetic	}	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 & 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 these procedures? 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 Gastroscopy and Colonoscopy. I agree to having a Gastroscopy and Colonoscopy. I give my consent to Dr Allen Lim to perform the procedures, and to taking any biopsies, removing polyps or other intervention as is deemed appropriate at the time of Gastroscopy and 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