Luminara
GASTROENTEROLOGY

(08) 95281192
reception@nagree.net
www.nagree.net
Healthlink ID: drnagree
Waikiki Private Hospital(Endoscopy)
221 Willmott Dr, Waikiki WA 6169
Waikiki Specialist Centre (Consulting rooms)
217 Willmott Dr, Waikiki WA 6169

INFORMATION SHEETS FOR A GASTROSCOPY AND COLONOSCOPY

Please confirm with your health fund that your insurance is valid for a day case procedure (including ensuring that you are not in the waiting period), and that you are aware of whatever excess payment fee you have agreed upon with your health fund. The item number for a Gastroscopy is 30473, and for a Colonoscopy is 32222. The Pathology service, Anaesthetists and Gastroenterologists are all NO GAP providers, so there will be no out of pocket expenses other than your fund agreed excess. You should not receive an invoice for any services although please note that the Pathology service (Clinipath) does not have a contract with some health funds. For these funds, Clinipath will send you the invoice which you can claim back from the fund entirely, and there will be no out of pocket expense. If you do receive any invoices or are out of pocket in any way please contact our rooms.

We will advise you of the exact time about a week before the procedure date, either by text message or phone. Unfortunately we cannot tell you the time any sooner as there are always last-minute changes to the endoscopy list due to cancellations and urgent additions.

Please present to the Endoscopy Unit at the Waikiki Private Hospital. 221 Willmott Dr, Waikiki.

Please note this is the time you must arrive at the hospital. Your procedure time can be up to 2 hours after this depending on the pre procedure administration requirements, nursing assessment, whether there have been any emergency cases, or whether there may have been an unexpected complicated case before you.

Even if you feel as if you have recovered completely, the medications can still affect you and despite you having had previous procedures where you may have been allowed to work/drive the next day or other doctors who now will still let you work/drive the next day, the current Royal Australian College of Anaesthetists advice is that for the next 24 hours:

- Not to drive
- Not to go home unaccompanied
- Not to stay at home unaccompanied
- Not to work (including dealing with emails)
- Not to operate machinery or dangerous household objects
- Not to sign any legal documents
- Not to drink alcohol
- Not to be the sole carer of a minor

If you do not follow this advice and an adverse outcome occurs then you could be legally liable, and any insurance that you have may not be valid.

DR. AMMAR NAGREE (Principal)
Gastroenterologist
MBBS (Syd Uni). FRACP
Provider number 206667AT

DR. KATHERINE BROUGHTON
Colorectal Surgeon / Endoscopist
MBChB, BHB, FRACS
Provider number 509951CF

DR. ADRIAN MCELHOLM
Gastroenterologist
MMedSc FRACP (Glasg) FRACP MD
Provider number 424241H

DR. MUKESH NASA
Gastroenterologist
MBBS MD DM FRACP
Provider number 549228BJ

DR. SIVA PULUSU
Gastroenterologist
MBBS FRACP
Provider number 5253445B

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OPEN ACCESS PROCEDURES

You have made a booking for an open access Gastroscopy and Colonoscopy. This is a booking that has been made without you first seeing the doctor for a consultation to expedite your investigations, either because your referring doctor has requested it or it is your preference.

You will be provided with the various information sheets, instructions for preparation for the procedure, billing arrangements etc which should answer most of your questions.

If however, there are any aspects of the procedure that you wish to discuss with the doctor beforehand (including potential complications) then please feel free to make an appointment for a formal consultation in our rooms (although this will involve a consultation fee).

If you are having the procedures to investigate symptoms then the doctor will usually be able to discuss these with you briefly before and after the procedure, in between the other patients having procedures also.

However, if your history is long or complicated and your GP would appreciate an opinion from one of our doctors, then it would be more appropriate for you to have a formal consultation in our rooms beforehand so that things can be discussed more thoroughly (although this will involve a consultation fee).

Please notify us well in advance if any of the below apply to you:

- You are a diabetic that uses insulin.
- You are a diabetic that takes one of the following medications: Forxiga (Dapagliflozin), Xigduo (Dapagliflozin and metformin XR), Jardiance (Empagliflozin), Jardiamet (Empagliflozin and Metformin), Qtern (Dapagliflozin/Saxagliptin), Glyxambi (Empagliflozin/Linagliptin), Steglatro (Ertugliflozin), Steglurometet (Ertugliflozin/Metformin).
- You are on a Semaglutide (eg Ozempic, Saxenda, Wegovy)
- You are on a blood thinning medication such as Warfarin, Coumdain, Asasantin, Plavix, Clopidogrel, Rivaroxaban, Xarelto, Apixaban, Eliquis, Dabigatran, Pradaxa, Ticlopidine, Ticlid, Ticagrelor, Brillinta, Iscover, Persantin, Heparin, Clexane, Fragmin etc.
- You are pregnant or breastfeeding.
- You suffer from constipation.
- Your BMI is greater than 35. BMI can be calculated using the following formula:
  BMI = weight in kgs / (height in metres × height in metres)
  For example, if the weight is 80 kg and the height is 176 cm, then the BMI = 80 / (1.76 × 1.76) = 25.8.

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GASTROSCOPY INFORMATION SHEET

What is a Gastroscopy?

You have been advised to have a gastroscopy (also called an upper endoscopy). This procedure helps investigate the cause of symptoms such as heartburn, difficulty or pain when swallowing, bloating, diarrhea, abdominal pain, nausea, vomiting, vomiting blood, passing black stools, weight loss and anemia. There may also be other reasons why you need this procedure, and if you are unsure, you should ask your doctor or your referring doctor. The procedure enables the doctor to look inside your upper digestive tract. A thin flexible tube with a camera at the end (gastroscope) will be gently inserted through your mouth, down into the esophagus, then into the stomach, and finally a short distance into the small bowel. The camera allows images to be transmitted to a monitor so the doctor can see inside as the test is performed.

Sometimes, the doctor may need to take a specimen of the lining of your stomach or small bowel so that it can be examined under a microscope or tested for the bacteria Helicobacter pylori. This is called a biopsy and is performed through the gastroscope. A biopsy is painless and does not damage the stomach or bowel wall.

What happens if I have a cold in the days leading up to the gastroscopy?

Usually having a simple viral infection will not stop you from having the procedure. If you are bringing up coloured sputum, have a fever or shortness of breath, then please contact our rooms and we will give you the appropriate advice as to whether it is safe to proceed.

What if I am having the procedure to assess for coeliac disease?

To assess for coeliac disease, biopsies from your small bowel will be taken at the time of your gastroscopy. This is painless. The most important thing for you to do is to ensure that you have been consuming a normal amount of gluten in your diet for at least a month before your procedure. If you have been avoiding gluten, then the biopsy result will be unreliable. If your procedure has already been booked and is less than a month away and you haven't been eating normal amounts of gluten then you should rebook the procedure for at least a month away and start eating normal amounts of gluten. If you do not think you can cope with eating gluten, then you should book a consultation first to discuss your options.

What do I need to bring with me to the hospital on the day of the gastroscopy?

You should bring something to keep you occupied whilst you wait for your procedure to be done (eg book, magazine, knitting etc). Whilst we try and run on time, sometimes if there is an emergency case or if the patient before you was unexpectedly complicated, this may delay the rest of the endoscopy list. You should plan on being at the hospital anywhere from 3 to 5 hours.

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What should I not bring?

Please do not bring any jewellery and remove all body piercings.

What happens once I arrive at the hospital?

When you come to the hospital ask for directions to the endoscopy unit. A member of the department will escort you to your room and will explain the investigation to you. If you have any questions at all then do not be afraid to ask. We appreciate that having any sort of medical procedure can be concerning, and we are here to ensure that you are as relaxed as possible. Once you have had the opportunity to ask questions you will be asked to sign a consent form agreeing to the procedure being performed.

What happens once I am in the procedure room?

A small plastic sheath called an IV cannula will be inserted into one of the veins in the back of your hand, and you will be connected to heart and lung monitoring devices. You will be asked to lie on your left side, a mouth guard will be inserted to protect your teeth, oxygen will be given through your nose, and the sedation administered. The examination will then commence. It usually takes 5–10 minutes.

What happens after the procedure is completed?

You will be taken back to your room where you will be allowed to recover from the anaesthetic. It is perfectly normal to have some gas retained in your stomach even when the procedure is finished and you may have some bloating and discomfort associated with this. This usually resolves quickly once you are able to belch. Your throat can also feel a little sore. Once you have fully recovered from the procedure you will be given a cup of tea or coffee and some sandwiches. The findings of the procedure will be explained to you at this time.

Does it hurt?

The anaesthetist uses strong drugs to sedate you so that you usually do not feel any discomfort during the procedure, and most of the time you wake up afterwards and are not even aware of it.

What are the complications that are associated with the procedure?

A gastroscopy is usually a safe procedure and many thousands have been done all around the world. However as with all invasive medical procedures there can be complications. These include perforation, bleeding, and consequences of the sedative drugs. These are all rare (overall estimated complication rate 0.13%) but

potentially can require surgery and even be life threatening (death rates estimated at 0.0004%). The gastroscopes are cleaned and disinfected after each procedure, and the risk of transmission of infections is extremely low however cannot be totally excluded. If you have any concerns then speak with your doctor or your referring doctor about these.

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What are the alternatives to having a gastroscopy?

Depending on the reason your doctor has requested a gastroscopy, other possible ways to examine the oesophagus, stomach and small bowel include a barium meal/swallow, CT scan, Ultrasound, or MRI. Once again, it is dependent on the reason that the gastroscopy has been requested, but in general these radiological investigations are often not as good as a gastroscopy, especially at picking up small lesions. In addition, when you have a gastroscopy, biopsies can be taken so that they can be examined under a microscope. If however you are concerned about having a gastroscopy and would prefer one of the radiological alternatives then please speak with your doctor or your referring doctor.

What if I don't have the gastroscopy?

Usually a gastroscopy has been requested by your doctor so that a cause for your symptoms or abnormal investigations can be found. If these are not investigated then serious diseases including cancer may not be detected.

How do I need to prepare for the gastroscopy?

Your stomach needs to be completely empty at the time of the examination. If you are having a combined gastroscopy and colonoscopy then follow the advice outlined in your bowel preparation instructions. If you are having a gastroscopy only then you should start fasting (no food or liquids) 6 hours before your appointment time. Water can be consumed up until 2 hours prior to the procedure. In the final 2 hours pre-procedure no food, fluids, or water can be consumed. You should continue to take all your usual medications throughout the day with just a sip of water. If you are a diabetic who takes diabetes tablets then please do not take them on the day of the procedure. If you are a diabetic that uses insulin then please let our rooms know well in advance, for special instructions on how to manage your diabetes.

The sedation can cause amnesia and sometimes, even though you are perfectly conscious and seem to understand everything that is explained to you, once you get home you may find that you are not able to remember what you were told. If this occurs, then the findings can be reiterated at your follow-up appointment or by your referring doctor who will receive a written report of the procedure.

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COLONOSCOPY INFORMATION SHEET

What is a Colonoscopy?

You have been advised to have a colonoscopy. This is a procedure that can help investigate the cause of many bowel symptoms and signs. These include diarrhea, constipation, bloating, change in bowel habit, rectal bleeding, abdominal pain, weight loss, and anemia. It is also performed when you have a family history of bowel cancer or polyps, as this may put you in a higher risk group for developing these conditions as well. However, there are many other reasons you may need the procedure, and if you have any doubt as to why you are having it then you should ask the doctor or your referring doctor.

The procedure enables the doctor to look inside the colon (also called the large bowel or large intestine). It involves a colonoscope being carefully inserted into your rectum and navigated around your large bowel, and sometimes into the very end of your small bowel. The colonoscope is essentially a long flexible tube with a camera at the end. This camera allows images of the inside of the colon to be transmitted to a TV monitor so that the doctor can see inside the bowel during the examination.

Occasionally, a polyp may be found. These are growths of abnormal tissue which can sometimes lead to bowel cancer. These can often be removed by a painless procedure called a polypectomy, which is usually done at the time of the examination through the colonoscope.

Does it hurt?

The anesthetist uses strong drugs to sedate you so that you usually do not feel any discomfort during the procedure, and most of the time you wake up afterwards and are not even aware of having had it done. If during the procedure you start to drift back into consciousness, the anesthetist usually becomes aware that the sedation is wearing off and will give you more sedation to put you back to sleep. In most cases, you will not even remember starting to wake up. If, however, you do gradually drift back to consciousness, as you are often very comfortable and pain-free, the anesthetist may not know you are awake unless you indicate it.

Some patients are very concerned at the prospect of waking up. Whilst this happens uncommonly, it generally only occurs if you are so comfortable that you are not moving around or distressed in any way, and hence the anesthetist is not aware you are waking. So please do not be alarmed now or at the time of the procedure. If this explanation has not allayed your fear, please speak with the anesthetist on the day, and they can reassure you further. If you would prefer to have minimal (or no) sedation, this can also be arranged, although tolerability often depends on the individual patient, and we suggest you discuss this with the doctor beforehand.

What are the complications associated with the procedure?

A colonoscopy is usually a safe procedure, and many thousands have been done around the world. However, as with all invasive medical procedures, there can be complications. These include perforation, bleeding, and

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consequences of the sedative drugs. These are all rare but can potentially require surgery and, in very rare cases, be life-threatening (overall complication rate estimated at 0.35% for diagnostic procedures, and 2.3% if a polyp is removed). The colonoscopes are cleaned and disinfected after each procedure, and the risk of transmission of infections is extremely low but cannot be totally excluded.

Another complication you should be aware of is the potential risk of missing pathology. Whilst every effort will be made to perform a thorough examination, given the nature of the colon there are some areas that can be particularly hard to see at any given time, and thus it is impossible to 100% guarantee that all lesions will be seen.

If you have any concerns about this or any other potential complication, please speak with the doctor or your referring doctor.

What are the alternatives to having a colonoscopy?

Depending on the reason your doctor has requested a colonoscopy, other possible ways to examine the bowel include a barium enema, CT scan, ultrasound, or MRI. Once again, it depends on the reason the colonoscopy has been requested, but in general, these radiological investigations are often not as accurate as a colonoscopy, especially at picking up small lesions. In addition, during a colonoscopy, biopsies of the colon can be taken for microscopic examination. Also, if polyps are found, they can be removed at the time of the procedure, reducing cancer risk. If, however, you are concerned about having a colonoscopy and would prefer one of the radiological alternatives, please speak with the doctor or your referring doctor.

What if I don't have the colonoscopy?

Usually, a colonoscopy has been requested by your doctor so that a cause for your symptoms or abnormal investigations can be found. If these are not investigated, then serious pathology, including cancer, may not be detected.

How do I need to prepare for the colonoscopy?

The colon usually contains faecal matter. In order for the inside of the colon to be seen properly, this waste matter must be eliminated prior to the test. This is achieved by a combination of dietary restrictions and laxatives and is explained in more detail in the bowel preparation instructions which you should have received. It is important that the colon is very clean to improve the chances of pathology being seen and to reduce the risks of complications.

What happens if I have my period on the day of the colonoscopy?

You can still have the procedure but please use tampons on the day.

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What happens if I have a cold in the days leading up to the colonoscopy?

Usually, having a simple viral infection will not stop you from having the procedure. If you are bringing up coloured sputum, have a fever, or shortness of breath, please contact our rooms and we will advise you on whether it is safe to proceed.

What do I need to bring with me to the hospital on the day of the colonoscopy?

You should bring something to keep you occupied whilst you wait for your procedure (e.g. a book, magazine, or knitting). Whilst we try to run on time, sometimes if there is an emergency case or if the patient before you has

an unexpectedly complicated case, this may delay the rest of the endoscopy list. You should plan on being at the hospital anywhere from 3 to 5 hours.

What should I not bring?

Please do not bring any jewelry and remove all body piercings.

What happens once I arrive at the hospital?

When you arrive at the hospital, ask for directions to the endoscopy unit. A member of the department will escort you to your room and explain the investigation to you. If you have any questions at all, please ask. We appreciate that undergoing any medical procedure can be concerning, and we are here to ensure you are as relaxed as possible. Once you have had the opportunity to ask questions, you will be asked to sign a consent form agreeing to have the procedure.

What happens once I am in the procedure room?

A small plastic sheath called an IV cannula will be inserted into one of the veins in the back of your hand. This allows the sedative drugs to be administered. You will be connected to heart and lung monitoring devices and given oxygen to breathe. You will be asked to lie on your left side, be given the sedation, and then the procedure will commence. It usually takes 20–40 minutes.

What happens once the procedure is completed?

You will be taken back to your room where you will be allowed to recover from the sedation. It is perfectly normal to have some gas retained in your bowel once the procedure is finished, and you may have some minor discomfort associated with this. This usually resolves quickly once you are able to pass the gas. Once you have fully recovered, you will be given a cup of tea or coffee and some sandwiches. The findings of the procedure will be explained to you at this time.

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The sedation can cause amnesia, and sometimes even though you are perfectly conscious and seem to understand everything that is explained to you, once you get home you may find you are not able to remember what you were told. If this occurs, the findings can be reiterated at your follow-up appointment or by your referring doctor, who will receive a written report of the procedure.

WHAT TO EXPECT AFTER YOU HAVE HAD YOUR GASTROSCOPY AND COLONOSCOPY

After your endoscopy you are likely to feel a little drowsy until the sedation gradually wears off. If you had a gastroscopy, your throat might feel a little sore and you may feel bloated, but these sensations should resolve within 24 hours. If you had a colonoscopy, you may also feel bloated and have some minor cramping abdominal pain, which should settle within 24 hours. Your bowel habit may take a few days to return to normal. If you had a polyp removed or biopsies taken, it is normal to experience a small amount of bleeding for a few days after the procedure.

Following your procedure, the gastroenterologist will explain the findings to you. The sedation used has some amnestic properties (i.e. it may make you forget), and if you cannot remember what was explained, please advise the nursing staff so the doctor can discuss it with you again before you leave the hospital. If you get home and realize you cannot remember the explanation, please contact the practice.

You may recommence all your usual medications unless you have been given specific instructions to the contrary. You may also resume a normal diet unless instructed otherwise. If you had a colonoscopy, it is particularly important to drink plenty of fluids to ensure adequate hydration. If you do not pass as much urine as usual, please contact our rooms (during working hours) or the hospital (after hours).

Even if you feel as though you have fully recovered, the medications can still affect you. Despite previous experiences where you may have been allowed to work or drive the next day, or advice from other doctors allowing this, the current Royal Australian College of Anaesthetists advises that for the next 24 hours you must:

- Not drive
- Not go home unaccompanied
- Not stay at home unaccompanied
- Not work (including dealing with emails)
- Not operate machinery or dangerous household objects
- Not sign any legal documents
- Not drink alcohol
- Not be the sole carer of a minor

If you do not follow this advice and an adverse outcome occurs, you could be legally liable and any insurance you hold may not be valid.

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WHAT HAPPENS WITH FOLLOW UP FROM HERE

Your gastroenterologist will speak with you following the procedure. Please do not leave the endoscopy unit until you are satisfied that the findings have been explained to you.

If a specific follow-up plan was not advised, or if you would now prefer a different option to what was discussed at the time, you have three choices:

1) **Formal consultation** – This involves a full review of your symptoms and discussion of whether further investigations or treatments are needed. A consultation fee applies, which depends on factors such as whether you have been seen in the rooms recently, the complexity of your case, and any concession entitlements. Out-of-pocket costs typically range from $40–$115. Please contact the rooms on 9528 1192 to book an appointment, requesting a “formal consultation,” and confirm the exact fees for your situation.
2) **Results-only visit** – A short appointment to go over the findings from today’s procedure again or to discuss biopsy or polyp results. This type of visit is bulk billed. Please note, however, that symptoms and treatment options cannot be discussed during this consultation. To book, call the rooms on 9528 1192 and request a “results-only” appointment.
3) **Follow-up with your GP** – You may instead arrange to see your GP, who will receive the results from today’s procedure and any biopsies. Most practices receive results electronically within three days. Practices that request correspondence by regular post will usually receive results within a week.