

RAPID ACCESS INFORMATION SHEET

Rapid Access Endoscopy procedure may be conducted without prior consultation to the endoscopist. This process is available to patients with no significant medical history and who meet the Rapid Access Patient Guideline Criteria.

You will have a brief consultation with Endoscopist on the day of procedure

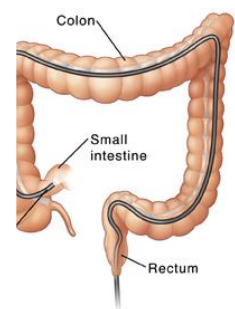
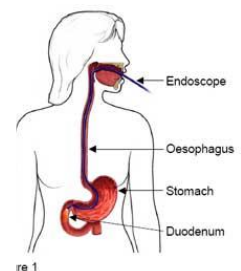
What procedures are done via Rapid Access?

Gastroscopy to examine the oesophagus, stomach and the first part of the small bowel.

Colonoscopy to examine the colon (large bowel) and the terminal ileum (end of the small bowel). Where appropriate, polyps are removed (“polypectomy”). Polyps are removed for examination to determine their likelihood of turning into a cancer. Removal of polyps has a small risk of causing bleeding or perforation (a tear or hole) of the bowel. The risk is very uncommon and not greater than 1 in 1,000.

EUS (endoscopic ultrasound) is a test using a gastroscope with an ultrasound tip and camera. The procedure allows for examination and biopsies of the nearby structures such as any lumps, lymph nodes or the pancreas using a fine needle (“fine needle aspiration or FNA”). FNA has a small risk of causing bleeding or infection.

As with all procedures, small risks are possible including the risk of missing an unapparent finding with the sedation. Some patients (for example, elderly with other diseases) carry higher risks than others. You should discuss these risks with your referring doctor and the endoscopist. It might be appropriate to consult and see the endoscopist should you feel you are at a higher risk of complications.



Will I be asleep? The procedure is done under sedation provided by a specialist anaesthetist. The anaesthetist will answer your queries on the day. Patients do not generally feel or remember the procedure. You should not drive, operate machinery or perform any complex mental tasks after sedation.

YOU MUST HAVE A RESPONSIBLE ADULT TO PICK YOU UP FROM THE HOSPITAL AND STAY OVERNIGHT WITH YOU AFTER THE PROCEDURE.

WHAT IS THE NEXT STEP?

Once the GP/ referring doctor has written and sent the Rapid Access Referral, the Macquarie Gi Clinic will contact you regarding Procedure Date and inform you of what preparation and fasting required for the procedure. If you have any questions please contact Macquarie GI clinic on 0298123880

MACQUARIE GI RAPID ACCESS REQUEST

Prof John Cartmill A/Prof Anil Keshava Dr Sam Kuo A/Prof Matt Rickard
Dr Sameer Mhrshahi A/Prof Alice Lee Dr Eric Lee Prof Rupert Leong
First Available Consultant

PATIENT DETAILS:

Name: _____
Address: _____
Ph: _____ Mobile: _____
Date of Birth: _____ Medicare Number: _____
Health Fund Member Number _____

REFERRING DOCTOR DETAILS:

Name: _____
Address: _____
Ph: _____ Fax: _____
Referring Doctor Signature: _____ Provider Number: _____

REQUESTING PROCEDURE AND INDICATION

INDICATION FOR PROCEDURE: _____

GASTROSCOPY COLONOSCOPY ENDOSCOPIC ULTRASOUND

PAST MEDICAL HISTORY

Does the patient have

Diabetes

Heart Condition

Renal Impairment

Cirrhosis/ Liver Disease

Respiratory Disease

MEDICATION

Is the patient taking

Insulin/hypoglycaemics

Anticoagulants

Antiarrhythmic agents

Other _____

[in the presence of significant health issues, please do not refer for Rapid Access Referral]

For enquires please contact **02 9812 3880**

REFERRAL CRITERIA

The following reasons are suitable for Rapid Access Referral

Upper GI Symptoms	Faecal occult blood	Haemorrhoids/ rectal Bleeding
Suspected gastrointestinal bleeding	Diarrhoea / Altered Bowel Habit	
Follow up Polyp / cancer	Follow up Inflammatory Bowel Disease / Coeliac Disease	
Abnormal CT/ MRI	Weight Loss / Malabsorption	
Anaemia / Iron Deficiency	Family History / Screening	