

Dr. Sina A. Malki- Gastroenterologist & Endoscopist (Phone 9455 0099)

GASTROSCOPY

Date ____/____/____

Day

Arrival time:

**** Note: a cancellation fee does apply so once you book the procedure it is essential you keep your appointment ****

ADDRESS (You need to attend the hospital reception):

-Cotham Private Hospital: 209 Cotham Road, Kew, 3101, Ph: 88030505, 8803 0521

-Warringal Hospital: 216 Burgundy St, Heidelberg 3804. Ph: 9251 6408 (bookings), 9274 1300 (hospital)

-Reservoir Private Hospital: 73 Pine St, Reservoir 3073 Ph 9460 8855

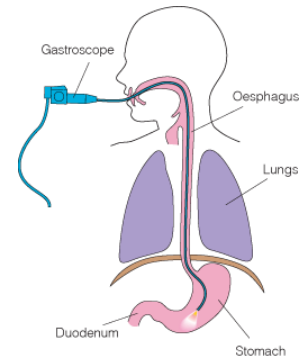
THE PROCEDURE

FAST: NO SOLIDS- 6 HOURS, NO LIQUIDS- 3 HOURS before the procedure.

- If procedure is in the afternoon, you may have toast and black tea (sugar is ok) 6 hours before- **no butter** only vegemite or jam
- Please wear comfortable clothes and no jewellery nor nail polish. Please bring with you your: Medication including insulin, medicare card, Private health insurance details if this applies and a referral letter if you are a new patient not previously seen by Dr Malki.
- Please arrange for **someone to pick you up.** (you are **not permitted** to drive for **24 hours**) nor to take public transport alone and do not sign important documents for 24 hours after the procedure. It is advised that someone stays with you the night after the procedure.
- Total duration (test and recovery): ~ **4 hours.** Test only takes about 20 minutes.
- You will be given an injection (intravenous sedation) which will make you sleep and unaware of any pain or discomfort during** the procedure. A flexible instrument (endoscope) is passed through the mouth to the stomach to view your upper digestive system. Biopsies (samples) and testing for the stomach bacteria (Helicobacter Pylori) and possibly the removal of polyps/lumps if present.
- You need to sign a consent form.

NOTIFY US IF YOU:

- Have any health problems such as **diabetes, heart or lung** problems, or
- If you take any medication in particular **Warfarin & Aspirin, Iscover** or
- If you have any **ALLERGIES** to medication or complications with anesthetics.
- It is advisable to have a **consultation with Dr MALKI** prior to the procedure in these cases.
- Have any phobias such as claustrophobia, needles etc



2 WEEKS BEFORE PLEASE STOP antibiotics as this prevents the detection of h.pylori.

However you can do the urea breath test 2 weeks after to check for the bacteria if you were on them.

3 DAYS BEFORE PLEASE STOP

Nexium/Somac/Pariet/Zoton/Losec, Aspirin/Cartia, Iscover/Plavix, Prasugrel, Warfarin, Pradaxa, Apixaban Xarelto and Rivaroxaban (provided approved by your cardiologist)

24 HOURS BEFORE PLEASE STOP

Antacids such as Nizac/Zantac and Gaviscon, Mylanta, Gastrogel

Please do not take diabetic tablets or Insulin the morning of the test

Please take your blood pressure tablets with a sip of water at 6.00 am on the day of procedure (at least 2.5-3 hours before test).

FEES:

- Doctor Malki, Anaesthetist and Histology fee (no out of pocket fee, no gap fee).

(Pathology may issue an account which is fully claimable from Medicare and your insurer)

- **Day surgery:**

-If not privately insured then the nominated day procedure unit (Hospital) fee as advised (no rebate)

-If privately insured, please contact your private cover **as soon as possible** and check if you have a hospital excess payable to the hospital on the day. (**item number to quote to your private cover gastroscopy= 30473**).

COMPLICATIONS:

Most patients have no complications. However, it is possible to experience some anesthetic adverse effects such as nausea, feeling sleepy and tired, throat discomfort or mild cough. You need to discuss these with the doctor prior to the procedure.

Loose teeth can be a problem so inform us if you have any concerns.

FOLLOW UP:

Please make a follow up appointment with Dr Malki in ~ 1-2 weeks (**275 Bell St cnr Waterdale Rd, Bellfield 3081 ph 9455 0099**).

You need to also see your GP and take the report provided by Dr Malki on the day of the procedure and copies of the biopsies will subsequently be sent to your GP directly from our rooms.

Call us if you have any questions.

I agree that I have read and understood the above information and am aware that a cancellation fee of \$200 will need to be paid in the event that I cancel within 24 hours or do not attend my procedure.

Signed _____

Date: _____