Dr. Brindi Rasaratnam M.B.B.S. (Hans}, FRACP, Ph.D
Dr. Anil Asthana M.B.B.S. (Hons}, MRCS (Eng}, FRACP
Gastroentero/ogy, Hepatology & Endoscopy

ALL ENQUIRIES & BOOKINGS - Tel: 9790 0188, Fax: 9790 0077

PICOPREP PREPARATION .. PATIENT INFORMATION.

Please purchase from chemist: 3 PlcoPrep 15.Sg sachets
Please consult with your doctor for advice prior to ceasing any medications.
NOTE: 7 DAYS BEFORE EXAMINATION STOP ALL IRON CONTAINING MEDICATIONS AND
BLOOD THINNING AGENTS INaUDING WARFARIN, ISCOVER, ASASAf'TIN, PlAVIX.
DAYS BEFORE EXAMINATION STOP MEDICATIONS INCLUDING BRJlANTA, JCARELTO, EFFIENT, EUQUIS.
You may contlnu11 to tako Aspirin, cartla and Cardlprln.

MORNING PROCEDURE

1. FOUR DAYS before the procedure, stop taking any fibre supplements and iron containing medications. Continue taking your usual medications up until the time of the examination.

2. TWO DAYS before the procedure, reduce the amount of fibrous and fatty food you eat by restricting your Intake to corn flakes, rice bubbles, white bread (no added fibre), lean meat, poultry, eggs, fish, fleshy fruits (no seeds, husk or skin), mashed vegetables, white (plain biscuits), plain cake, low fat milk, little butter/margarine, tea, coffee, fruit juices and soft drink.

3. ONE DAY before the procedure, have a light breakfast eg. low fat milk, a little butter/margarine, tea, coffee, fruit juice and white bread (no added fibre with honey/vegemite). After breakfast limit yourse to clear fluids such as water, strained fruit juice, jelly (lemon or orange only, not red, green or purple colours) tea or coffee (no milk), Bonox, Lucozade, lemon cordial, lemonade and dear broth.

First dose of Plcoprep (6.00pm In the afternoon the day before the procedure):
Add contents of one sachet to a glassful of warm water and stir until effervescence ceases. Drink the mixture gradually but completely (using a straw can be helpful). This can be followed by as many glasses of water or .clear fluids as desired In order to satisfy thirst.
Be prepared for frequent bowel movements within three hours of the first dose. Some Intestinal cramps are normal.

Second dose of Plcoprep (8.00pm In the afternoon the day before the procedure):
200ml per hour of clear fluids until retiring for the night.

Third dose of Plcoprep (4.30am the day of the procedure):
250ml of clear fluids until Sam.

YOU MUST FAST FROM SAM.

Arrive at the hospital at ..... and arrange to be collected at .....

A 11/ta/part of this preparation Is the fluid that you drink. Not only does this prevent dehydration, It forms an /mpartan part of the bowel cleansing process. You must maintain adequate fluid Intake at a rate 01 approKlmately 2DOml of /lqu1 for every sachet of Plcaprep (15 to 2.5/ltres In all - It Is best to stay well hydrated}.

If you do not malntoln adequate fluid Intake, serious dehydration and/or electrolyte disturbances may occur In same a risk patients. If you are having any difficulty with the bowel preparati on or If you have any questions regarding your colonwcopy, please phone the a/flee an 9190 DJBB (Business hours}.

Bowel Preparation Instruction Alert

Melbourne Digestive Centre have currently introduced a new Bowel Preparation Regime for all patients undergoing Colonoscopy.

Patients are now expected to have their third sachet of preparation the morning of their procedure. The reason for this is that there is new evidence which proves the closer the preparation is taken to the procedure, the better the preparation of the colon. This means less likelihood of the patients having to return for a second procedure due to poor views from Inadequate bowel preparation.

Dr. Brindi Rasaratnam M.B.B.S. (Hons), FRACP, Ph.D

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PICOPREP PREPARATION - PATIENT INFORMATION.

Please purchase from chemist: 3 PicoPrep 15.5g sachets

Please consult with your doctor for advice prior to ceasing any medications.

NOTE:

- 7 DAYS BEFORE EXAMINATION STOP ALL IRON CONTAINING MEDICATIONS AND BLOOD THINNING AGENTS INCLUDING WARFARIN, ISCOVER, ASASANTIN, PLAVIX.
- 3 DAYS BEFORE EXAMINATION STOP MEDICATIONS INCLUDING BRILANTA, XARELTO, EFFIENT, ELIQUIS.
- You may continue to take Aspirin, Cartia and Cardiprin.

AFTERNOON PROCEDURE

1. FOUR DAYS before the procedure, stop taking any fibre supplements and iron containing medications. Continue takiog your usual medications up until the time of the examination.

2. TWO DAYS before the procedure, reduce the amount of fibrous and fatty food you eat by restricting your intake to corn flakes, rice bubbles, white bread (no added fibre), lean meat, poultry, eggs, fish, fleshy fruits (no seeds, husk or skin), mashed vegetables, white (plain biscuits), plain cake, low fat milk, a little butter/margarine, tea, coffee, fruit juices and soft drink. Avoid herbal supplements.

3. ONE DAY before the procedure, have a light breakfast eg. low fat milk, a little butter/margarine, tea, coffee, fruit juice and white bread (no added fibre with honey/vegemite). Have a light lunch – sandwich with egg and clear soup/broth. After 1.00pm limit yourself to clear fluids such as water, strained fruit juice, jelly (lemon or orange only, not red, green or purple colours) tea or coffee (no milk), Bonox, Lucozade, lemon cordial, lemonade and clear broth. Do not have any solid food at all.

First dose of Picoprep (8.00pm in the evening the day before the procedure):
Add contents of one sachet to a glass of water and stir until effervescence ceases. Drink the mixture gradually but completely (using a straw can be helpful). This can be followed by as many glasses of water or clear fluids as desired in order to satisfy thirst.

Be prepared for frequent bowel movements within three hours of the first dose. Some intestinal cramps are normal.

Second dose of Picoprep (7.30am on the morning of the procedure):
200ml per hour of clear fluids.

Third dose of Picoprep (9.30am on the morning of the procedure):
200ml per hour of clear fluids.

YOU MUST FAST FROM 11AM.

A vital part of this preparation is the fluid that you drink. Not only does this prevent dehydration, it forms an Important part of the bowel cleansing process. You must maintain adequate fluid intake at a rate of approximately 200ml of liquid for every sachet of Picoprep (1..5 to 2.5 litres In all - it is best to stay well hydrated}.

If you do not maintain adequate fluid intake, serious dehydration and/or electrolyte disturbances may occur in some at risk patients. If you are having any difficulty with the bowel preparation or if you have any questions regarding your colonoscopy, please phone the office on 9790 0188 (Business hours).

UK HKJ!"j!Jl KAAKAll"jAMl lVl.n•.n.. \HORS} J<KA\...l'. rn. lJ.
DR ANIL ASTIIANA *M.B.B.S. (Hons), MRCS (E11g), FRACP*

330 Police Road Noble Park 3174 Ph: 9790 0188 Fax 9790 0077

Pl.EASE BRING THIS FORM SIGNED AND COMPLETED ON THE DAY OF YOUR PROCEDURE

POTENTIAL RISKS WITH HAVING A GASTROSCOPY AND COLONOSCOPY

COMMON EVENTS	What mis?ht happen.	Management measures
Abdominal discomfort and bloating.	Due to the presence of air in the large intestine following the procedure.	Symptoms readily settle in most patients within 30-40 mins. Administration of antispasmodics such as Buscopan or Peppermint tea is often helpful.
Nausea and vomiting	These side effects are very uncommon with the use of available sedative drugs, but can occur.	Medications can be given before the anaesthetic is administered (please inform the anaesthetist if you have had side effects with anaesthetic agents in the past), or can be administered if symptoms occur following the procedures.
Reaction to bowel preparation	In general, bowel preparation is very safe, however in a minority of patients dehydration can occur leading to headaches. Absorption of oral tablets can be variable particularly anti-epileptic medications and the oral conceptive pill. Electrolyte levels can also vary in the blood.	Administrating your tablets 2-3 hours before the beginning of the bowel preparation is advisable. Administration of intravenous fluids could also help alleviate the nausea/vomiting/headache type symptoms. This can be administered in hospital prior to the procedure, if needed.
LESS COMMON EVENTS		
Abdominal pain	Ifpolyps are removed, the use of cautery can occasionally cause a burn to the wall of the bowel causing pain.	Most patients with these symptoms settle within 1-2 days -please contact us, or go to the nearest hospital emergency department for a check up. It is important to exclude bowel perforation as a result of this injury. Often it settles with time, intravenous antibiotics and intravenous fluids mh:!ht be reouired as well.
RARE EVENTS		
Anaesthetic Risks	Lung problems as a result of the anaesthetic drugs administered are very uncommon and the quoted risk is 1 in 15,000, persons with multiple medical problems are at increased risk:	Medications could be administered to correct most problems – which will be handled by the anaesthetist. Please feel free to consult and discuss with your anaesthetist prior to the procedure if there are any concerns.
Perforation (making a hole in the oesophagus, stomach or large intestine).	Perforation at gastroscopy is very rare (< 1 in 10,000, unless an oesophageal dilatation is performed). Perforation of the large intestine is lin 3,000 cases, the risk being higher if polyps need to be removed (1 in 500).	Administration of fluids, antibiotics are often required. Surgical treatment might be necessary.
Aspiration	Aspiration of fluid into the chest (vomiting) can occur during sedation/procedure.	Ifpneumonia complicates this aspiration – antibiotics and intravenous fluids might be required and a period in hospital for observation.
Drug reaction	Patients can experience an allergic phenomenon with administration of the sedative drugs.	This might require immediate cessation of the procedure, and assessment by the anaesthetist as to whether anti-dote type medications need administration.
Splenic injury	Colonoscopy can be associated with splenic bruising/injury/rupture.	Hospital admission for observation and surgical assessment will be required; surgical intervention might also be necessary.
Damage to Teeth	Every care is taken by your anaesthetist and nursing staff, not to damage teeth (including false, capped teeth and bridges). It is important however to understand with any anaesthetic there is a small risk that there could be damage.	
Missed Cancers	Small cancers within the digestive tract could be missed particularly if they are small and occur in 1 in 2,000 procedures.	
Death	Is a very rare complication (<0.01%)	

Ihave read the above information and have been given the opportunity to discuss the procedure with the doctor. Iunderstand I can cancel the procedure at any time ifl am not happy to proceed. Irequest the procedure now be undertaken.

Date: ....

Patient : Print Name: ..... Signature: .....

Doctor: Print Name: ..... Signature: .....

PLEASE TURN OVER

DR BRINDI RASARATNAM MBBS (Hons) FRACP PhD
DR ANIL ASTHANA MBBS (Hons) MRCS FRACP
330 Police Road Noble Park 3174 PH: 9790 0188 Fax: 9790 0077

PATIENT INFORMATION REGARDING COLONOSCOPY PROCEDURE

The colonoscopy is a flexible telescope, about the thickness of a finger that is inserted through the anus for examination of the large bowel. Certain procedures can be carried out through the colonoscopy including taking small tissue samples (biopsy) and removal of polyps. An alternate method of examining the large bowel is barium enema but this is generally considered to be less accurate and does not allow taking of biopsy samples or removal of polyps.
A formal prostate examination is not undertaken at colonoscopy and will have to be followed by your general practitioner ifthere is any concern.

Before the procedure, the bowel will need to be cleaned to allow proper examination. If the bowel is not adequately cleaned the procedure may have to be abandoned and repeated at a later stage, once the bowel has been cleaned.

Please inform either the medical or nursing staff ,if you are sensitive (allergic) to any other drugs or substances. You would also notify the doctor if you have been taking blood thinning tablets (Warfarin or Coumadin). If you have any doubt about the rJ1edication that you are taking, please discuss this with the doctor before the procedure. In addition, if you have heart valve disease or a pacemaker, this must be brought to the attention of the doctor. You will be sedated for the examination and will remain sedated for some time following. Therefore, you are advised not to drive or carry out any other demanding task for the remainder of the day.

Procedures that are carried out are removal of polyps which are often done by placing a wire snare around the base and applying an electrical current.

At the time of examination you will be sedated and it is therefore not possible to discuss the removal of a polyp with you. If you have any reservation regarding removal pf a polyp, you must discuss this matter before the colonoscopy with the doctor.

Following the procedure, further instmction will be given to you regarding what you should do in the following 24 hours after colonoscopy. The sedatives given at the time may impair your memory and therefore it is important that you are accompanied by a relative or friend home. If you have any severe abdominal pain, bleeding, fever or any other symptoms that cause you concern following the procedure, you should contact Dr. Rasaratnam immediately.

PATIENT INFORMATION REGARDING GASTROSCOPY PROCEDURE

Gastroscopy is a simple and safe .investigation tha examines the inside of your oesophagus, stomach and duodenum.

It involves the passage of a thin flexible tube via the mouth.

A biopsy (small tissue sample) may be taken for the specialist pathology examination. You will be given an injection into a vein, to make you relaxed and drowsy and you may remember little of the test.

330 Police Road Noble Park 3174 Ph: 9790 0188 Fax 9790 .0077

PLEASE BRING THIS FORM SIGNED AND COMPLETED ON THE DAY OF YOUR PROCEDURE

POTENTIAL RISKS WITH HAYING AN EUS

R"isks and compIteaIions w1th th"is procedure meIudeb ut are not rIrn1ted to the fb11owmg :

COMMON EVENTS	· What mieht haonen.	Mana2ement measures
Abdominal discomfort and bloating.	Due to the presence of air in the large intestine following the procedure.	Symptoms readily settle in most patients within 30-40 mins. Administration of antispasmodics such as Buscopan or Peppermint tea is often heloful.
Nausea, vomiting, headache, dizziness	These side effects are very uncommon with the use of available sedative drugs, but can occur.	Medications can be given before the anaesthetic is administered (please inform the anaesthetist if you have had side effects with anaesthetic agents in the past), or can be administered if svmotoms occur followinl!: the orocedures.
UNCOMMON EVENTS		
Pancreatitis ie. Swelling and inflammation of the pancreas from a line needle biopsy of the pancreas	Central abdominal pain with associated nausea/vomiting. About Ipeople out of every I00 people (I%) will experience this	This generally settles without any specific treatment. Pain relief may be required with supportive intravenous therapy to allow the pancreas to rest by restricting oral food intake and maintaining oral hydration. Most episodes if they occur tend to resolve with the measures above after 24-48 hours. Rare episodes of severe pancreatitis will need further treatment including ICU and/or surgery and in extremely rare circumstances cause death.
Infection from a fine needle biopsy of a cyst	Abdominal pain, shivers and fevers. About 2 in every 100 people (2%) can get an infection.	In order to reduce the risk of this complication, antibiotics are given during the procedure and if necessary after the procedure. Some cases reauire readmission for intravenous antibiotics.
Bleeding I	2 in every 1000 people (< 0.2%) will have a minor bleed from the fine needle biopsy site.	This is usually managed and stopped through the endoscope at the time of the procedure.At times, it may happen after discharge requiring a repeat procedure. Rarely, radiological or surgical intervention is necessary.
Perforation (making a hole in the oesophagus, stomach or small intestine).	Perforation is rare. About I in I000 people (0.I%) may have tear through the bowel or duct wall.	Administration of fluids, antibiotics are often required. Surgical treatment might be necessary.
Missed growths/ lesions		
Anaesthetic Risks	Lung problems as a result of the anaesthetic drugs administered are very uncommon and the quoted risk is lin 15,000, persons with multiple medical oroblems arc at increased risk.	Medications could be administered to correct most problems -which will be handled by the anaesthetist. Please feel free to consult and discuss with your anaesthetist prior to the oroccdure ifthere are anv concerns.
Aspiration	Aspiration of fluid into the chest (vomiting) can occur during sedation/procedure.	If pneumonia complicates this aspiration – antibiotics and intravenous fluids might be required and a period in hospital for observation.
Drug reaction	Patients can experience an allergic phenomenon with administration of the sedative drugs.	This might require immediate cessation of the procedure, and assessment by the anaesthetist as to whether anti-dote type medications need administration.
Unable to finish procedure due to technical problems	May require a repeat procedure	
Damage to Teeth	Every care is taken by your anaesthetist and nursing staff, not to damage teeth (including false, capped teeth and bridges). It is important however to understand with any anaesthetic there is a small risk that there could be damal!:e.	
Death, stroke, air embolism, anaphylaxis	Is a very rare complication	

Ihave read the above infonnalion and have been given the opportunity lo discuss the procedure with the doctor. Iunderstand I can cancel the procedure al any time if Iam not happy to proceed. Irequest the procedure now be undertaken.

Date: .....

Patient : Print Name: ..... Signature: .....

Doctor: Print Name: ..... Signatu re: .....

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PATIENT INFORMATION REGARDING EUS PROCEDURE
(EUS ie. Endoscopic ultrasound)

An EUS is a procedure performed where the specialised trained doctor ie. interventional endoscopist examines the wall layers of your upper and lower layers of the upper and lower gastrointestinal tract. It can also used to examined the ducts of your liver, pancreas and gallbladder. The procedure is performed under a light anaesthetic ie. sedation where some medication is given to help you relax. You will need to lie on your left side for procedure where a plastic guard is then held between your teeth to protect your teeth and the equipment.

The endoscopist then gently inserts the echoendoscope (a thin black flexible tube containing an ultrasound probe within with a camera at the end) through your mouth, down the food pipe, into the stomach and small bowel. This allows pictures of the gut and relevant organs to be visualised on the video screen. A fine needle biopsy (sample) of tissue can be inside or outside the gut wall through the EUS.

The potential risks and complications associated with the procedure are discussed on the following page. Please raise and clarify any questions or concerns you may have if you have not already done so.

Preparation for the procedure involves fasting ie. no eating or drinking anything for at least 6 hours before the procedure to ensure you have an empty stomach which is necessary for safe examination. Please inform either the medical or nursing staff if you are sensitive (allergic) to any other drugs or substances. You would also notify the doctor if you have been taking blood thinning tablets (warfarin, rivoxaban, clopidogrel, dabigatran). If you have any doubt about the medication that you are taking, please discuss this with the doctor before the procedure. In addition, if you have heart valve disease or a pacemaker, this must be brought to the attention of the doctor. You will be sedated for the examination and will remain sedated for some time following. Therefore, you are advised not to drive or carry out any other demanding task for the remainder of the day.

Following the procedure, further instruction will be given to you regarding what you should do in the following 24 hours after the EUS. The sedatives given at the time may impair your memory and therefore it is important that you are accompanied by a relative or friend home. *If you have any severe ongoing abdominal pain, bleeding (symptoms include dizziness, fainting or passing blood or black bowel movements), fever or any other symptoms that cause you concern following the procedure, you should contact Dr. TAN immediately on 90189219 and present without delay to the nearest hospital.*

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PLEASE BRING THIS FORM SIGNED AND COMPLETED ON THE DAY OF YOUR PROCEDURE

POTENTIAL RISKS WITH HAYING AN ERCP

COMMON EVENTS	What mh?:ht happen.	Mana2ement measures
Abdominal discomfort and bloating.	Due to the presence of air *in* the large intestine following the procedure.	Symptoms readily settle in most patients within 30-40 mins. Administration of antispasmodics such as Buscopan or Peppermint tea is often heloful.
Nausea and vomiting	These side effects are very uncommon with the use of available sedative drugs, but can occur.	Medications can be given before the anaesthetic is administered (please infonn the anaesthetist if you have had side effects with anaesthetic agents in the past), or can be administered if symptoms occur foilowin the procedures.
Pancreatitis ie. Swelling and inOammation of the pancreas	Central abdominal pain with associated nausea/vomiting. About 6 people out of every 100 people (6%) will experience this	Pain relief may be required with supportive intravenous therapy to allow the pancreas to rest by restricting oral food intake and maintaining oral hydration. Most episodes if they occur tend to resolve with the measures above after 24-48 hours. Rare episodes of severe pancreatitis will need further treatment including ICU and/or surgery and in extremely rare circumstances cause death.
UNCOMMON EVENTS		
Anaesthetic Risks	Lung problems as a result of the anaesthetic drugs administered are very uncommon and the quoted risk is I in 15,000, persons with multiple medical problems are at increased risk.	Medications could be administered to correct most problems -which will be handled by the anaesthetist. Please feel free to consult and discuss with your anaesthetist prior to the procedure if there are any concerns.
Perforation (making a hole in the oesophagus, stomach or small intestine).	Perforation is rare. About I in 100 people (I%) may have tear through the bowel or duct wall.	Administration of fluids, antibiotics are often required including insertion of drainage tube in your nose to remove bile. Surgical treatment might be necessary.
Bleeding	Less than I in every 200 people (< 0.5%) will have a bleed as a result of the procedure. This may happen secondary to when the cut is made in the duct (sphincterotomy)	This is usually managed and stopped through the endoscope at the time of the procedure. At times, it may happen after discharge requiring a repeat procedure. Rarely, radiological or sunical intervention is necessarv.
Bacteraemia	Infection due to introduction of medical equipment into the ducts.	Administration of fluids and antibiotics is necessary including a period in hospital for observation .
Aspiration	Aspiration of fluid into the chest (vomiting) can occur during sedation/procedure.	If pneumonia complicates this aspiration – antibiotics and intravenous fluids might be required and a period in hospital for observation.
Drug reaction	Patients can experience an allergic phenomenon with administration of the sedative drugs.	This might require immediate cessation of the procedure, and assessment by the anaesthetist as to whether anti-dote type medications need administration.
Unable to finish procedure due to technical problems	May require a repeat procedure	
Damage to Teeth	Every care is taken by your anaesthetist and nursing staff, not to damage teeth (including false, capped teeth and bridges). It is important however to understand with any anaesthetic there is a small risk that there could be damage.	
Death, stroke, air embolism, ananhylaxis	Is a very rare complication	

Ihave read the above information and have been given the opportunity to discuss !he procedure with the doctor. Iunderstand I can cancel the procedure at any time if Iam not happy to proceed. Irequest the procedure now be undertaken.

Date: .....

Patient : Print Name: ..... Signature: .....

Doctor: Print Na me: ..... Signature: .....

330 Police Road Noble Park 3174 PH: 9790 0188 Fax: 9790 0077

PATIENT INFORMATION REGARDING ERCP PROCEDURE
(ERCP ie.Endoscopic Retrograde cholangio-pancreatography)

An ERCP is a procedure performed where the specialised trained doctor ie. interventional endoscopist examines the ducts of your liver, pancreas and gallbladder. The procedure is performed under a light anaesthetic ie. sedation where some medication is given to help you relax. You will need to lie on the X-ray table on your tummy. A plastic guard is then held between your teeth to protect your teeth and the equipment.

The endoscopist then gently inserts the endoscope (a thin black flexible tube with a camera) through your mouth, food pipe, stomach and into the first part of the small bowel where the opening to the ducts ie. ampulla is located. A fine plastic tube will be passed down the endoscope, through the ampulla into the ducts of the liver and pancreas where a contrast solution ie. dye will be injected into the ducts. X-rays will then be taken. It is then when the doctor may perform various interventions depending on what the indication of the procedure is eg. sphincterotomy (cutting of the sphincter muscle at the ampulla), removal of stones, insertion of stents (plastic or metal tubes) to help remove a blockage.

The potential risks and complications associated with the procedure are discussed on the following page. Please raise and clarify any questions or concerns you may have if you have not already done so.

Preparation for the procedure involves fasting ie. no eating or drinking anything for at least 6 hours before the procedure to ensure you have an empty stomach which is necessary for safe examination. Please inform either the medical or nursing staff if you are sensitive (allergic) to any other drugs or substances. You would also notify the doctor if you have been taking blood thinning tablets (warfarin, rivoxaban, clopidogrel, dabigatran). If you have any doubt about the medication that you are taking, please discuss this with the doctor before the procedure. In addition, if you have heart valve disease or a pacemaker, this must be brought to the attention of the doctor. You will be sedated for the examination and will remain sedated for some time following. Therefore, you are advised not to drive or carry out any other demanding task for the remainder of the day.

Following the procedure, further instruction will be given to you regarding what you should do in the following 24 hours after the ERCP. The sedatives given at the time may impair your memory and therefore it is important that you are accompanied by a relative or friend home. *If you have any severe ongoing abdominal pain, bleeding (symptoms include dizziness, fainting or passing blood or black bowel movements), fever or any other symptoms that cause you concern followmg the procedure, you should contact Dr. immediately on 90189219 and present without delay to the nearest hospital.*

Dr. Brindi Rasaratnam
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Hepatology & Endoscopy

Dr Anil Asthana M.B.S.S (Hons), MRCS (Eng), FRACP
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ALL ENQUIRIES & BOOKINGS – Tel:9790 0188 Fax: 9790 0077

PATIENT INSTRUCTIONS FOR 'PillCam' Small bowel Capsule endoscopy

Patient: ..... File No.....

Examination Date : .....Time: ....

FEES: $150.00 out of pocket facility fee, paid on day of appointment.

DAY BEFORE CAPSULE ENDOSCOPY:

1. Light breakfast' – 2 slices of toast (white bread) with vegemite or Honey. Approved clear fluids.
2. Light lunch.- Sandwich (white bread) with ham, chicken or eggs. Approved clear fluids.
3. No more solid food after 1pm, only Approved Clear Fluids.
4. Do not eat or drink after 9.00 pm night before PillCam

DAY OF CAPSULE ENDOSCOPY:

1. Do not take any medications – 2 hours before having the exam. You can take your medications 2hrs after swallowing the capsule when you commence clear fluids.
2. Please wear a cotton singlet or T-shirt.

Approved Clear Fluids: Water, Apple Juice, Jelly (no red, green or purple colours), Black tea, Clear broth, Clear Cordials, Lemonade. NO Coke or Coffee.

After Swallowing the PillCam SB Capsule:
The capsule endoscopy procedure will last approximately 8-9 hours. Contact your doctor's office immediately if you suffer from any abdominal pain, nausea or vomiting during the procedure.

1. You may drink colourless liquids starting 2 hours after swallowing the PillCam SB capsule.
2. Your may have a light snack 4 hours after ingestior:t (eg light meal, sandwich). After examination is completed, your may return to your normal diet.
3. Check the blue flashing Data Recorder light every 15 minutes to be sure it is blinking twice per second. If it stops blinking or changes colour, note the time and contact your doctor.
4. Avoid strong electromagnetic fields such as MRI devices or hand radios after swallowing the capsule and until you pass it in a bowel movement.
5. Do not disconnect the equipment or completely remove the belt at any time during the procedure.
6. Treat the Data Recorder carefully. Avoid sudden movements and banging of the Data Recorder
7. Avoid direct exposure to bright sunlight.

After Completing PillCam SB Capsule endoscopy:

If you are not sure that the capsule has passed out of your body and you develop unexplained nausea, abdominal pain or vomiting contact your doctor for evaluation. Undergoing an MRI while the Pi/ICam capsule is inside your body may result in damage to your intestinal tract or abdominal cavity. If you are not certain the capsule is out of your body, contact your physician for evaluation and possib/e abdominal X-ray before undergoing an MRI examination.

Dr. Brindi Rasaratnam M.B.B.S. (Hons), FRACP, Ph.D
Gastroenterology, Hepato/ogy & Endoscopy
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330 Police Road
Noble Park North Vic 3174

ALL ENQUIRIES & BOOKINGS - Tel: 9790 0188 Fax: 9790 0077 Pager: 9387 1000

CAPSULE ENDOSCOPY CONSENT FORM

Your doctor has organised for you to 'have a capsule Endoscopy test. This test is sometimes referred to as a Pillcam.

The test is painless and generally very well tolerated. It involves you swallowing a small capsule the size of a large vitamin tablet. The capsule contains a camera that takes photos of the intestines. The capsule sends these photos to a recorder which you wear on your belt during the study. At the end of the day, the pictures are put onto a computer and can be reviewed by your doctor. There is no anaesthetic or sedation involved.

While the test is successful in the majority of patients there are some important things you need to know.

1. In about 20% of people (2 in every 10 patients) the capsule does not reach the large intestine before the end of the procedure. This means that there is some intestine that has not been photographed and so if is impossible to be sure that something has not been missed.

2. In less than 1% (1 in 100 patients) there is an unrecognized narrowing in the intestine which causes the capsule to get stuck. 'Whilst this is usually painless, it may mean that the capsule needs to be retrieved by either a gastroscopy, colonoscopy or even on occasion an operation.

3. The capsule contains metal and so you should avoid tests such as an MRI scan, that can interact with metal until you are sure the capsule has passed.

4. The capsule sends the pictures to the recorder via an electronic signal.

There is a non-rebatable 'Facility Fee' of $150.00 payable prior to t'1e procedure. The residual amount will be sent directly to Medicare on your behalf.

I have read the above information and have been given the opportunity to discuss the procedure with the doctor. I understand I can cancel the procedure at any time if I ani not happy to proceed. I request the procedure now be undertaken.

Date:

Patient: Print Name: ..... Signature: .....

Witness: Print Name: ..... Signature: .....