DIRECT ACCESS ENDOSCOPY QUESTIONNAIRE

Referring General Practitioner's Details

GP Name | GP address

Patient Details

Title | First Name | Surname | DOB:

Address | Home Phone:

Email | Work Phone:

Medicare Number | Reference Number | Mobile:

Health Fund | Membership Number | Cover

Next of Kin | Relationship | NOK Mobile

Person picking up from Hospital | Relationship | Mobile

What is the reason you or your GP have requested a colonoscopy?

☐ **no** ☐ **yes** Positive Faecal Occult Blood Test (FOBT)

☐ **no** ☐ **yes** Iron Deficiency Anaemia (IDA)

☐ **no** ☐ **yes** Altered bowel habit (diarrhoea or constipation)

☐ **no** ☐ **yes** Recent rectal bleeding

☐ **no** ☐ **yes** Family or personal history of bowel cancer or polyp and it is 3 or more years since last colonoscopy

☐ **no** ☐ **yes** A hereditary colorectal cancer syndrome (FAP, HNPCC, Peutz Jeghers, Juvenile Polyposis, Cowden disease, MAP) and it is more than 1 year since their last colonoscopy

Do any of the following apply to you making you ineligible for direct access colonoscopy?

☐ **no** ☐ **yes** taking blood thinners (eg. warfarin, aspirin, clopidogrel or other thinning agent)

☐ **no** ☐ **yes** disabling cardiac, respiratory or renal disease requiring hospital admission in the past 12 months.

☐ **no** ☐ **yes** language, hearing or communication difficulty that makes ordinary consent on the day of procedure difficult without a translator.

Which hospital will you be having your procedure?

☐ **no** ☐ **yes** The Mater, 22 Rocklands Rd, **CROWS NEST**, NSW, 2060

☐ **no** ☐ **yes** North Shore Private, 1 Westbourne St, **ST LEONARDS**, 2065

☐ **no** ☐ **yes** Strathfield Private, 3 Everton Rd, **STRATHFIELD**, 2135

☐ **no** ☐ **yes** Westmead Private, Cnr Mons & Darcy Rd, **WESTMEAD**, 2145.

☐ **no** ☐ **yes** Norwest Private, 11 Norbrik Drive, **BELLA VISTA**, 2153.

☐ **no** ☐ **yes** Nepean Private, 1-9 Barber Ave, **KINGSWOOD**, 2747.

☐ **no** ☐ **yes** Ryde Public, 9 Denistone Rd, **EASTWOOD**, 2122

What day would you like your procedure?

☐☐☐ ☐

dd mm yy **Day of the week**

Will you be having a gastroscopy as well?

☐ **no** ☐ **yes**

If having a gastroscopy which symptoms best describe you?

☐ **no** ☐ **yes** abdominal bloating

☐ **no** ☐ **yes** acid burn or reflux

☐ **no** ☐ **yes** diarrhoea for exclusion of coeliac disease or lactose intolerance

☐ **no** ☐ **yes** upper abdominal pain

Do you agree to rubber band ligation if prolapsing haemorrhoids are seen?

☐ **no** ☐ **yes**

Informed consent (please read)

Colonoscopy is performed using a flexible colonoscope which is inserted under sedation by an anaesthetist and allows the surgeon to examine the entire large intestine, to exclude cancer and polyps which can become cancers. It requires a bowel preparation to clean the colon. Drinking plenty of fluids the day before colonoscopy is important to avoid dehydration .Colonoscopy is a short procedure that is extremely safe, however all procedures have some risk. Perforation of the colon is where a hole is made in the bowel. It is rare and occurs in less than 0.2% of cases. The risk of perforation following colonoscopy where a polypectomy is also performed is 0.3-1.0%. If perforation occurs, it usually requires abdominal surgery to close the defect in the bowel wall. Care will be taken to avoid this complication. Occasionally bleeding can occur particularly if a polyp has been removed. The risk of anaesthetic are very much related to your previous medical conditions, and this will be discussed with you by your anaesthetist the day of your procedure. If you are also having a gastroscopy, this is a quick and safe procedure, with very little risk. There is a small risk of aspiration or wheeze (bronchospasm), which is reduced by fasting the 6 hours prior to your procedure.

Are you happy to consent to undergo direct access endoscopy?

☐ **no** ☐ **yes**

patient Health Questionnaire

Height? (metres) ☐ Weight (kg) ☐ BMI: ☐

Do you have any Allergies (Especially to food, medication, sticking plaster, iodine or latex)?

☐ **no** ☐ **yes** Please Specify: ☐

Do any of the following apply to you?

☐ **no** ☐ **yes** personal or family history of problems with anaesthetic

☐ **no** ☐ **yes** difficulty with neck movements

☐ **no** ☐ **yes** Take regular medications. Please specify

Name of Medication	How Much?	How Often?	Name of Medication?	How Much?	How Often?

Do you have or have you ever had any of the following?

☐ **no** ☐ **yes** High Blood Pressure Specify ☐

☐ **no** ☐ **yes** Chest Pain or Angina Specify ☐

☐ **no** ☐ **yes** Heart Attack Specify ☐

☐ **no** ☐ **yes** Pacemaker or irregular heart beat Specify ☐

Do you have or have you ever had any of the following?

☐ no	☐ yes	Other Cardiac Condition	Specify	
☐ no	☐ yes	Sleep apnoea	Specify	
☐ no	☐ yes	Shortness of breath climbing stairs	How many flights?	
☐ no	☐ yes	Shortness of breath when lying flat		
☐ no	☐ yes	Chronic Bronchitis/Emphysema	Specify	
☐ no	☐ yes	Asthma	Requiring Hospital admission	
☐ no	☐ yes	Tuberculosis		
☐ no	☐ yes	Hayfever	How often?	
☐ no	☐ yes	Diabetes	Requiring Insulin?	
☐ no	☐ yes	Epilepsy or fits	When was last one?	
☐ no	☐ yes	Stroke	When?	
☐ no	☐ yes	Blackouts or fainting	When?	
☐ no	☐ yes	Blood clots or bleeding	What type?	
☐ no	☐ yes	Anaemia	What Year?	
☐ no	☐ yes	Previous Blood Transfusion	When?	
☐ no	☐ yes	Stomach ulcer/Hiatus Hernia	Specify	
☐ no	☐ yes	Kidney condition	What type?	
☐ no	☐ yes	Hepatitis or liver condition	What type?	
☐ no	☐ yes	Arthritis	What type?	
☐ no	☐ yes	Thalassaemia or Muscular Dystrophy	Specify	
☐ no	☐ yes	Previous surgery. Please specify		

Operation	Hospital	Year	Operation	Hospital	Year

☐ no ☐ yes Have you ever been isolated in hospital because of infection?

☐ no ☐ yes Have you seen a specialist in the past 2 years?

Specialist	Phone Number	Specialist	Phone Number

DIRECT ACCESS ENDOSCOPY QUESTIONNAIRE

☐ no	☐ yes	Do you have hearing, vision or swallowing problems?	Specify	
☐ no	☐ yes	Are you on a special diet? (e.g. low fat, diabetic or allergic)	Specify	
☐ no	☐ yes	Do you smoke?	How many a day?	
☐ no	☐ yes	Are you an ex-smoker?	How many a day?	
			How many years?	
☐ no	☐ yes	Do you drink alcohol?	How much per week?	
☐ no	☐ yes	Do you take recreational drugs?	Specify	
☐ no	☐ yes	Do you receive community service? (e.g. meals on wheels)	Specify	
☐ no	☐ yes	Do you expect difficulty caring for yourself on discharge?	Specify	
☐ no	☐ yes	Do you have someone at home to help you after discharge?	Specify	
☐ no	☐ yes	Do you have a carer?	How many a day?	
☐ no	☐ yes	Are you a carer for someone?	Has care been organised?	
☐ no	☐ yes	Do you require a walking aid?		
☐ no	☐ yes	Do you have someone to collect you from the hospital?		
☐ no	☐ yes	Any other health issues you wish to mention? Please specify.		

What to do prior to your direct-access endoscopy procedure?

* Fax or email completed questionnaire to (02 9475 0057) or staff@colorectalsurgeonssydney.com.au
* After a normal breakfast drink only clear fluids (apple juice, broth, water, black tea) the day before your colonoscopy
* Purchase 3 sachets of Picoprep® from any chemist (no prescription required)
* Dink a glass of Picoprep® powder mixed in a glass of water at
  - 2pm, 4pm and 6pm day before and fast from midnight (if a **morning** colonoscopy)
  - 2pm, 4pm (day before) and 6am and fast from 7am (day of procedure) (if an **afternoon** colonoscopy)
  - 6pm (day before) and 8am and 10am and fast from 11am (day of procedure) (if an **evening** colonoscopy)
* Ensure you have someone to pick you up from hospital and take you home 3 hours after your procedure.
* Call 1300colonoscopy (1300 265 666) to make a follow up appointment 1-2 weeks after your procedure or to obtain your biopsy results