

## DIRECT ACCESS PROCEDURE FORM

For suitable patients (without prior specialist consultation)

### PATIENT DETAILS

Name: \_\_\_\_\_ DOB:     /     /

Best contact number: \_\_\_\_\_

### DOCTOR REQUESTED

Dr Robert Bryant     Dr An Phan     Dr Dep Huynh     Dr \_\_\_\_\_

### PROCEDURE REQUESTED

Endoscopy                       Colonoscopy                       Endoscopy and Colonoscopy

**Patients will be reviewed by their Gastroenterologist prior to performing the procedure on the day.**

### INDICATION FOR REFERRAL FOR COLONOSCOPY

Positive faecal occult blood test     History of bowel polyps or malignancy     Family history of bowel cancer     Rectal bleeding

Other - please specify: \_\_\_\_\_

### INDICATION FOR REFERRAL FOR ENDOSCOPY

Barrett's oesophagus     Reflux symptoms not responding to PPI

Other - please specify: \_\_\_\_\_

### INDICATION FOR REFERRAL FOR ENDOSCOPY AND COLONOSCOPY

Iron deficiency anaemia     Other - please specify: \_\_\_\_\_

### PATIENT MEDICAL HISTORY

**Please accompany this referral with the relevant patient details, eg, medical history, medications and drug allergies.**

### REFERRING DOCTOR'S DETAILS (Place Doctor's stamp here)

#### CONDITIONAL CRITERIA

Please refer to the back of this form to review conditional criteria for Direct Access Procedures or contact us on 08 8267 1766.



### CONDITIONAL CRITERIA

- **Under 75 years of age.**
- **Capable and willing to consent in English.**
- **Not taking 'blood thinning' medication aside from aspirin.**
- **No history of heart disease, diabetes, obesity, stroke, epilepsy, kidney, liver disease or serious lung disease.**
- **Have somebody to transport the patient to and from hospital.**
- **Have private health insurance or be willing to pay private hospital fees.**

### SEND REFERRAL FORM

- Direct Access Procedure form.
- Accompanying patient contact and clinical information.
- Fax, email, Argus or post referral.

### PROVIDE PATIENT WITH CONTACT DETAILS

- Please provide the patient with contact details for Lumen Gastroenterology - **08 8267 1766**.
- Alternatively, information is available on our website **lumengastro.com.au**

### GASTROENTEROLOGIST REVIEW AND PATIENT CONTACT

- Each referral will be reviewed by a Gastroenterologist to confirm suitability for a Direct Access Procedure.
- Practice staff will then contact the patient to arrange a convenient time for them to undergo the procedure and to answer any questions the patient may have.
- Any patients considered not suitable for a Direct Access Procedure will be offered an appointment to see the Gastroenterologist prior to a procedure being scheduled.

### BOWEL PREPARATION COLLECTION AND INSTRUCTIONS

- Patients will be asked to collect their bowel preparation and instructions from -  
**Lumen Gastroenterology  
East Adelaide Medical Centre  
50 Hutt Street, Adelaide SA 5000**  
- at least a week prior to the scheduled procedure (available at a cost of \$25).
- This will also be a further opportunity to ask questions and to collect the hospital information and questionnaire pack.

### DAY OF THE PROCEDURE

- Patients arrive to the hospital Day Procedure area.
- Gastroenterologist will meet with patient to review their medical history, discuss the procedure and gain informed consent.
- The procedure will then be performed. An anaesthetist will administer sedation during the procedure.
- The results of the procedure will be discussed with the patient on the day.

### FOLLOW-UP

- Results of the procedure will be sent to the referring doctor and discussed with the patient on the day of the procedure.
- A clinic appointment will be arranged if the procedure findings require follow up.

### FURTHER INFORMATION

For further information please call **08 8267 1766** or visit **lumengastro.com.au**