



**ST VINCENT'S
HOSPITAL**
MELBOURNE
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

ST. VINCENT'S MELBOURNE

ENDOSCOPY REFERRAL AND CONSENT

Email completed form to
Endoscopy.Waitinglist@svhm.org.au
or fax to 9231 4132 if not in specialist clinics

UR No.: _____

Surname: _____

Given Name: _____

D.O.B.: _____

Please fill in if no Patient Label available

SOURCE: ☐ Clinic (state) _____
☐ Ward ☐ Rooms – also forward referral letter ☐ Other _____

REFERRING DR _____ Unit _____

Signature _____ ph/pgr _____ Date _____

ADDITIONAL PATIENT DETAILS

☐ VRE / CRE ☐ Adverse Reactions

☐ Other _____

☐ INTERPRETER
required language _____

FOLLOW UP PLAN Clinic _____ ☐ GP ☐ Private rooms

CATEGORY ☐ 1 Urgent (within 30 days) ☐ 2 Semi-Urgent (within 60 days) ☐ 3 Non-Urgent (within 180 days)

☐ REPEAT timeframe required { } weeks or { } months or ☐ 12 month repeat

ADMISSION ☐ Outpatient ☐ Ward (medical reason) _____ ☐ Pre-procedure ☐ Post-procedure

☐ GASTROSCOPY

☐ GS3 Upper GI unit list required (GS3.Waitinglist@svhm.org.au)

Indication

- ☐ Bleeding / Hematemesis / Melena
- ☐ Iron deficient
- ☐ Iron deficient anaemia
- ☐ Dysphagia
- ☐ Varices
- ☐ Weight loss
- ☐ Abnormal imaging (attach report)
- ☐ Gastric ulcer review
- ☐ Pain _____
- ☐ Nausea/Vomiting
- ☐ Reflux symptoms
- ☐ Small bowel biopsy (coeliac screening)
- ☐ Barrett's Screening or surveillance
- ☐ Pre-Bariatric Surgery (GS3 list)
nutritional bloods required at time of procedure
- ☐ Other _____

☐ COLONOSCOPY ☐ FLEXIBLE SIGMOIDOSCOPY

☐ GS1 colorectal unit list required (Colorectal.Waitinglist@svhm.org.au)

Indication

- ☐ PR bleeding
- ☐ Iron deficient
- ☐ Iron deficient anaemia
- ☐ Known large polyp (Attach report)
- ☐ Abnormal imaging (Attach report)
- ☐ Weight loss % of body weight loss _____ duration _____
- ☐ Abdominal pain
- ☐ IBD assessment ☐ IBD surveillance
- ☐ Haemorrhoidal banding
- ☐ Altered bowel habit ☐ diarrhoea ☐ constipation duration _____
- ☐ Surveillance ☐ previous Cancer ☐ family history Cancer
- ☐ previous polyp
- ☐ Other _____

PREPARATION Outpatient bowel preparation only. For inpatient bowel preparation refer to inpatient bowel preparation guidelines

☐ Standard Prep ☐ 3L Glycoprep

☐ Fleet enema (on arrival)

☐ Other _____

INTERVENTIONAL REFERRALS Complex therapeutic procedures must be approved by Registrar, Fellow, Consultant (state below)

Interventional Dr required _____ Approved by _____ Unit _____

☐ ERCP ☐ EMR ☐ Upper ☐ GI Colonic

☐ PEG ☐ Diagnostic EUS

☐ HALO ☐ Interventional EUS

☐ POEM ☐ ESD

☐ BALLOON ENTEROSCOPY ☐ antegrade ☐ retrograde

Other _____

☐ CAPSULE ENDOSCOPY (not waitlisted – book thru DPU)

Anaesthetics – discussion with clinical lead criteria

- End stage lung disease (e.g. on home oxygen)
- ICU admission/cardiac event in previous 3 months
- Unstable cardiac disease
- Severe pulmonary hypertension
- Previously diagnosed with Covid 19
- History of significant anaesthesia complications or difficulties e.g. failed intubation, malignant hyperthermia

☐ YES – Contact required with anaesthetic clinical lead

Patients requiring anaesthetic review are unsuitable for SVOP

Recommendations _____

All referrals to anaesthetic clinic are to be discussed with the anaesthetic clinical lead for endoscopy on 9231 4471

CO-MORBIDITIES

- ☐ BMI over 50
- ☐ Severe Cardiac Disease _____ ☐ PPM ☐ AICD
- ☐ Diabetes – medication plan discussed with patient and recorded in MRO
☐ Diet ☐ Oral hypoglycaemic agents ☐ SGLT2 Yes / No ☐ Insulin
- ☐ Renal _____
- ☐ Severe Respiratory Disease _____
- ☐ History of Covid-19. Date of diagnosis _____
- ☐ Other _____

St. Vincent's On The Park – see criteria back page
criteria reviewed and suitable? ☐ Yes ☐ No

ANTICOAGULANTS AND PLAN

☐ NONE No change Stop before endoscopy

☐ Aspirin/Asasantin ☐ or stop _____ days before

☐ Enoxaparin/Heparin ☐ or stop _____ days before

☐ Anti-platelet agent ☐ or stop _____ days before


☐ Warfarin ☐ or stop _____ days before

☐ NOAC ☐ or stop _____ days before

☐ Other _____



SV000688

 <p>ST VINCENT'S HOSPITAL MELBOURNE <small>A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA</small></p>	<h2 style="margin: 0;">ST. VINCENT'S MELBOURNE</h2> <h3 style="margin: 0;">ENDOSCOPY REFERRAL AND CONSENT</h3> <p style="margin: 0;">Email completed form to Endoscopy.Waitinglist@svhm.org.au or fax to 9231 4132 if not in specialist clinics</p>	<p>UR No.: _____</p> <p>Surname: _____</p> <p>Given Name: _____</p> <p>D.O.B.: _____</p> <p><small>Please fill in if no Patient Label available</small></p>		
<p>St. VINCENT'S ON THE PARK EXCLUSION CRITERIA SVOP suitable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> Active/suspected GI bleeding Advanced chronic liver disease (Child Pugh B+C) +/- Variceal banding Greater than 80 years old ASA III or IV Obesity (BMI greater than 40) History of anaesthetic complications High risk airway Severe OSA Pulmonary disease (moderate to severe pulmonary hypertension, poorly controlled airways disease, home oxygen, inability to lie flat) Cardiac disease (left or right heart failure, severe valvular disease, untreated arrhythmias, unstable coronary syndromes within 1 month) Renal failure 				
<p>DETAILS / CLINICAL NOTES:</p>				
<p>I have been advised of my need for the operation/treatment/procedure written below and:</p> <ul style="list-style-type: none"> I understand the nature of the proposed procedure and have had the alternatives to this procedure explained to me. I understand the likely benefits, side effects and expected outcome of the procedure. The material risks associated with the proposed procedure have been discussed with me. I understand that health information about me relevant to the proposed procedure will be provided to the hospital so that I can receive the necessary treatment. The hospital will also be advised about the contact details of my general practitioner and advise them of my placement on the waiting list. My general practitioner may also be provided with relevant information about my condition and the proposed procedure. I have had the opportunity to raise any particular concerns relevant to the health circumstances of myself/the patient in relation to the procedure written below. I consent to such further or alternative operative measure or treatment, as the treating doctors consider reasonably necessary during the course of the operation to obtain the best health outcome. I understand that the doctor/surgeon who explained the operation may not perform the operation. I understand that the procedure may be performed by a doctor/surgeon in training. I understand that I have been given an urgency category and will be booked for surgery according to my clinical need. I agree that tissue removed during this procedure, that is surplus to diagnostic and treatment purposes, may be kept and used for ethically approved research, education or laboratory quality procedures. <p><small>*Your procedure/treatment may include the administration of blood and/or blood products. The risks, benefits and possible alternatives to transfusion (as documented below) have been explained to me:</small></p>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> I consent to the administration of blood and/or blood products </div> <div style="width: 45%;"> <input type="checkbox"/> I refuse to the administration of blood and/or blood products </div> </div> <p style="text-align: center; font-size: small;">If the patient refuses blood product transfusion you must contact the laboratory haematologist on ext. 9231 4227 and refer to the current SVHM Consent for Transfusion of Blood/Blood Products policy for advice.</p>				
<p>The following possible risks may be associated with the procedure:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Specific risks:</p> <ul style="list-style-type: none"> Bleeding Infection Perforation Missed Lesion Pancreatitis Failed Procedure Anaesthetic Complications Capsule Retention/Obstruction Other </td> <td style="width: 50%; vertical-align: top;"> <p>Material risk:</p> <p>DETAILS / CLINICAL NOTES:</p> </td> </tr> </table>			<p>Specific risks:</p> <ul style="list-style-type: none"> Bleeding Infection Perforation Missed Lesion Pancreatitis Failed Procedure Anaesthetic Complications Capsule Retention/Obstruction Other 	<p>Material risk:</p> <p>DETAILS / CLINICAL NOTES:</p>
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<p>CONSENT (to be completed by consultant physician, surgeon, fellow or registrar with patient/guardian when adding patient to the waiting list.)</p> <p>I, (patient name).....</p> <p>consent to the following operation/treatment/procedure.....</p> <p>being performed on.....(myself/relationship to patient)</p> <p>If you understand and are satisfied with this information, please sign the consent for the procedure.</p> <p><input type="checkbox"/> Verbal Consent</p> <p>or Signed by the patient/medical treatment decision maker..... Date.....</p> <p>Name and relationship to patient if not signed by patient</p> <p>Name of InterpreterSigned by Interpreter</p> <p>Name of doctor/surgeon.....Signed by the doctor/surgeon.....</p>				
<p>BOTH FRONT AND BACK SECTIONS OF THIS FORM MUST BE COMPLETED PRIOR TO THE PATIENT BEING ADDED ONTO THE WAITING LIST. INCOMPLETE CONSENT FORMS WILL BE RETURNED TO THE CONSENTING DOCTOR.</p>				