



GASTROSCOPY • DIAGNOSTIC AND THERAPEUTIC COLONOSCOPY • WIRELESS CAPSULE ENDOSCOPY

DR BERNARD CHIN MBBS (Adelaide) FRACP (Australia) Gastroenterologist
DR JOHN OMBIGA MBBS FRACP (Australia) Gastroenterologist

INNISFAIL - YOUR FEES EXPLAINED

Innisfail Endoscopy Patients may receive up to 4 accounts as outlined below:

1. **Anaesthetic Fee**: Billed directly by the Anaesthetist.

Fees charged depend on the procedure performed, how long the procedure takes and general health of the patient. **This fee is NOT billed by Cairns Gastroenterology, but separately by the anaesthetist attending your procedure.** This fee is billed after your procedure; we do not collect payment on the day of your procedure.

Patients without health fund cover will need to claim a rebate from Medicare and will be out-of-pocket the gap between the rebate and the anaesthetic fee. We advise that you contact the Innisfail Hospital to get in touch with your anaesthetist prior to your procedure in this regard.

Patients in a health fund may or may not have out-of-pocket anaesthetic costs depending on the level of your health fund cover. You will need to confirm this with the anaesthetist.

2. **Theatre / Accommodation Fees**: Billed directly by the Innisfail Hospital

Patients without health fund cover should enquire at the Innisfail Hospital reception with regards to theatre and accommodation fees as the cost varies depending on the procedure.

Patients with health fund cover may have to pay an EXCESS or CO-PAYMENT for theatre and accommodation fees depending on their level of hospital cover. Please clarify the exact amount with the Innisfail Hospital reception and also your health fund.

3. **Specialist Fee**: Billed directly by **Cairns Gastroenterology (Dr John Ombiga's rooms)**

Patients without health fund cover will need to claim a rebate from Medicare and will be out-of-pocket the gap between the rebate and specialist fee. The entire specialist fee will need to be paid at your convenience **at least three (3) weeks prior** to the procedure.

Patients with health fund cover may have out-of-pocket fees after their health fund contribution. Such fees will need to be paid at your convenience **at least three (3) weeks prior** to the procedure.

Your out-of-pocket fees will be significantly higher than originally advised if your Fund does not cover you for the procedure/s; therefore **please check with your fund to confirm that you are "gap covered" for the procedure/s.**

An extra out-of pocket fee may apply after your procedure for the removal of polyps.

An administration charge equivalent to 5% of the total fees applies if cancellation occurs after payment has been made. Colonoscopy preparation kits are non-refundable. If unable to attend and need to re-schedule, please advise our Medical Receptionist at least 48 hours prior to your appointment.

4. **Pathology fee**: Billed directly by the Pathologist

If you have a biopsy taken at the procedure, this is taken away to a pathology lab for analysis. As such, an invoice may be issued by a pathologist for this analysis of which a Medicare rebate and health funds may cover some of the fee.

Specific Patient Information and Consent



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(prior to undergoing endoscopic procedures)

• **Gastroscopy**

- Have a numb mouth and tongue for a few hours
- Feel bloated but this usually passes quite quickly
- Feel drowsy as a result of sedation
- Have a sore throat for a few hours
- Damage or tear of the oesophagus, stomach and duodenum **occurs very rarely** particularly if a biopsy is taken or polyp removed. This may need medicines or surgical treatment

• **Oesophageal dilatation**

- As above for gastroscopy
- Oesophageal perforation **whilst rare can occur** (rates of 0.1% to 0.4% have been reported)

• **Colonoscopy**

- Bowel perforation rarely occurs (rates up to **0.72%** have been reported). The rate is highest in older patients, patients with unusual anatomy, patients with severe diverticulosis, patient with arterial disease, polyp removal, APC laser treatment and patients with bowel cancer. If this occurred, an operation may be required to repair the hole.
- Post polypectomy bleeding is uncommon and usually self limiting. Rarely, a repeat colonoscopy may have to be performed to treat persistent bleeding.
- Post procedure discomfort due to air insufflation during procedure. This passes quickly.
- Missed lesions: polyps up to 1cm (miss rates of up to **10%** have been reported). Polyps and bowel cancer greater than 1cm in size (miss rates of up to **2.5%** have been reported). Please follow all preparation instructions as miss rates increase if bowel prep is poor.
- Incomplete colonoscopy: If there is unusual bowel anatomy or pathology, it can be impossible to complete the procedure. You may then be referred for a CT colonography or barium enema as a supplementary test.
- Haemorrhoid banding: Varying degrees of discomfort, pain and bleeding can occur and last up to 2 weeks. Most patients settle with simple analgesia. A small number may require antibiotics for mild local infection.

• **Important Information**

- If your contact details remain current, we will inform both you and your GP of an appropriate recall period.
- **You will need someone to collect you and company at home afterwards or your procedure will be cancelled.**
- **Expected time at the Hospital is between 4-6 hours**
- **Please take all usual medications unless otherwise instructed.**
- **Please take this form with you on the day of your procedure**
- **Please turn page over for information on informed financial consent.**
- **Follow up appointments will be arranged for either an in office appointment or via Whatsapp, Telegram App or Skype**

I have read and understood the information on both sides of this leaflet prior to my procedure as it pertains to me.

Name: _____ Signature: _____ Date: ___/___/20___