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日期 Date 姓名 Name 性別/年齡 Sex/ Age 身份證號碼 ID card No 電話 Tel No:		ENDOSCOPY A		PPOINTMENT BOOKING 預約日期及時間 Appointment Date & Time 轉介醫生 Referring Dr 診斷 Diagnosis Anesthesia Pre-operative medications		: : : : : : : : : : : : : : : : : : :		
	身高Height:	厘米cm	體重Weight:	公斤kg		Yes 是	No 否	If yes, please describe in details 如果回答是,請詳細說明
1.	是否吸煙 / 喝酒	? Smoking or drinking?						
2.	是否 65 歳或以」	는? Aged 65 years old or a	bove?					
3.	最近是否曾經出現	見以下病徵? Any followin	g symptoms recen	tly?				
a.	最近體重下降?	Significant weight	loss recently?					
b.		大便出血 / 黑色糞便						
c.		rhea / Rectal Bleeding / 1		tric pain / Heartburn?				
4.		Any past medical history		/ 小见师安 / 小校安 /		1		
a.	心 血 管 病 或 病 徴 : 中風 / 高血壓 / 高膽固醇 / 冠心病 / 心肌梗塞 / 心絞痛 / 心悸 / 其他心臟病?Cardiovascular disease or symptoms: Stroke / Hypertension / Hypercholesterolaemia / Coronary Artery Disease / Myocardial infarction / Chest Pain / Palpitation / Other Heart Diseases?							
b.	呼吸道疾病或病徴:哮喘 / 肺結核 / 支氣管擴張 / 慢性阻塞肺病 / 呼 吸困難/其他長期肺病?Respiratory disease or symptoms: Asthma / Tuberculosis / Bronchiectasis / COPD / Shortness of Breath / Chronic Lung Diseases?							
c.		菌者 / 性病 / 肝炎? Inf	fectious Diseases: I	HIV Carrier / Sexually				
d.	Transmitted Disease / Hepatitis? 其他疾病:癌症 / 糖尿病 / 貧血 / 地中海貧血 / 十二指腸潰瘍 / 胃潰瘍 / 膽石? Other diseases: Cancer / Diabetes / Anaemia / Thalassaemia / Duodenal Ulcer / Gastric Ulcer / Gall stone?							
e.	曾否接受過手術?	Previous operation?						
f. g.	是否有藥物或其他 有否服用亞士匹 <u>國</u>	l傾向? On Aspirin/Warfari	in/					
		nts, or any Bleeding Tend						
h.		藝物? Long-term usage of						
5.	嚴重行動不便(如1	吏用輪椅人士)? Severely	Disabled (e.g. whe	elchair users)?				
	方法 Payment Met	:hod		餘額付款方法 Follo	ow up Pr	roced	lure F	Payment Method (如適用)
總數 Amount: □ On Account □ By Patient				□ 於眾健內窺鏡中心付款 Payment at WeHealth Endoscopy Centre				
內窺鏡程序 Endoscopy Procedure			可能包括之程序 P	可能包括之程序 Procedure may be included				
	膀胱內窺鏡 Cysto	loscopy	y					
Centre Chop			Doctor's Chop &	<u>Signatu</u>	<u>ire</u>			

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Introduction

Endoscopy is an examination using a long, thin, and soft optical instrument to diagnose diseases of the digestive tract. Through the optical lens and light source at the tip of the endoscope, the doctor can view the inner part of the digestive tract and diagnose mucosal pathologies accurately.

The Operation / Procedure

- 1. Prior to the procedure, depending on the individual patient's condition, *intravenous sedation* may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
- 2. A flexible endoscope will then be introduced by the endoscopist to perform the examination.
- 3. In general, the procedure would last for 15 to 30 minutes. In complex cases that require additional therapies, extra examination time may be required.

After the Operation / Procedure

- 1. The patient should resume diet only after the effects of any sedative have worn off.
- 2. The medical staff would inform the patient the result of the examination. Patient should follow the instruction given by the medical staff to complete the drug treatment.
- 3. If the patient has received *intravenous sedation*, the consciousness and thinking ability would be impaired. Therefore, the patient should avoid operating heavy machinery or driving for the rest of the day to prevent an accident. Also, he/she should avoid signing any legal document.
- 4. The patient could contact the attending physician for any discomfort after the procedure, or any question about the examination result and drug treatment.
- 5. However, if patient has the following conditions such as passage of large amounts of blood, severe abdominal pain, or fever, he/she should seek medical advice at the nearest Accident and Emergency Department.

Risk and Complication

- 1. Rare complications may not be listed caused by endoscopy.
- 2. Common complications: nausea and mild vomiting, headache, dizziness, and the pain of injection site, sore throat.
- 3. Uncommon serious complications: difficulty in breathing, permanent disability caused by stroke or brain damage, heart disease caused by cardiac stress, drug allergy.

	Gastroscopy	Colonoscopy	Cystoscopy	Opportunities of complications vary with each	
Perforation	<0.01%	0.1 - 0.5%	Rare	patient in different health conditions (such as the	
Bleeding	0.03%	0.32 - 1.14%	>10%	chronically ill, elderly, etc.), examination and	
Cardiopulmonary	Rare	Rare	Rare	treatment methods vary and may cause death.	
complications				case of complications, the patient may need	
Infection	Rare	Rare	2 - 10%	surgical intervention remedies, please consult	
Mortality rate	0.01%	0.06%	Rare	your doctor for more details.	

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What is intravenous sedation?

Intravenous sedation is a technique that uses sedative drugs (eg. sleeping medicines and analgesic) delivered through blood stream to induce different levels of sedation ranging from calm, responsive to voice only, responsive to tactile stimulation, responsive to painful stimulation and

unresponsive to painful stimulation. You can breathe on your own during sedation.

Who is responsible for your sedation?

Your doctor who performs the procedure will give you the appropriate amount of sedative drugs to

achieve the level of sedation necessary for the procedure. Your doctor will stay with you and ensure

your safety during the whole procedure.

What will I expect during the procedure?

Your doctor or nurse will insert a plastic catheter into your vein and your doctor will inject sedative

drugs through it. Your vital signs (blood pressure; pulse and blood oxygen saturation etc) are

monitored continuously and your safety and comfort are ensured. Since there is fluctuation in

sedation level, you may be aware of the procedure at some stage but usually not recallable at the

end of the procedure.

Is there any risk in intravenous sedation?

In general, the risk directly associated with intravenous sedation is very small. Common side

effects include respiratory depression and short-term confusion. Uncommon side effects and

complications include airway obstruction, apnoea, hypotension, aspiration of stomach contents /

other matter into the lungs and awareness.

What will happen if I cannot fall asleep after given sedative drugs?

Many factors contribute to the success of intravenous sedation which include patient's pre-existing

medical conditions, current medication, and type of procedure to be undertaken. Your doctor may

add some more sedative drugs in case the sedation is inadequate. If you need to convert your

sedation to Monitored Anaesthetic Care (MAC), you may need to refer to anaesthesiologist before

the operation.

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Preparation for Colonoscopy

1)	You must prepare your bowel very clean for the procedure.
2)	Please seek advice from the doctor if you are taking antiplatelet agent e.g. aspirin or
	anticoagulant e.g. warfarin or antihypertensive drug, diabetic drug or if you have any drug
	allergy.
3)	To avoid any food containing seeds or nuts 7 days before the examination.
4)	On, three days before the examination, start to begin with low fibre diet like
	white bread, plain rice, congee, plain yogurt, fish, small amount of meat etc. Avoid fruit and
	vegetable.
5)	On, the day before the examination, after lunch only clear fluid diet is
	allowed like fat free soup or plain congee etc. Do not take any solid food.
6)	Klean Prep powder will be prescribed.
7)	Please follow below time to finish the klean prep:
	1^{st} time: am / pm, dissolved one Klean Prep powder into 1 liter of water and finished it
	within 1 hour
	$2^{\rm nd}$ time: am / pm, dissolved one Klean Prep powder into 1 liter of water and finished it
	within 1 hour
	3^{rd} time: am / pm, dissolved one Klean Prep powder into 1 liter of water and finished it
	within 1 hour
8)	Drink as much clear fluid as you can comfortably manage.
9)	Fast after midnight or on the day of the procedure, only fluid diet until
	(8 hours before procedure), nil by mouth afterwards.
10)	Should you have any question about the preparation, please call our nurse during the office
	hour at Tel.
11)	Do not drive or operate machinery for 24 hours after the procedure if you are given sedation.
12)	You may need to stay at the clinic up to 2 hours after the procedure to recover from the
	sedation. Preferably, you should be accompanied home by a relative or a friend.
13)	Please tell the doctor or nurse if you are or might be pregnant, LMP (For female
	only).
14)	You may have abdominal pain after the procedure. If this condition persists, you have to

seek medical advice as soon as possible.