



Endoscopy Centre
 4th Floor
 Lister Medical Centre
 195 Rahima Moosa (Jeppe) Street
 Johannesburg, 2001
 PO Box 4051, Rivonia, 2128

24-Hour Information Centre
 To request an appointment
 WhatsApp: 083-708-7895
 Standard SMS: 087-240-6666
 Send FREE SMS to: 30895 (No airtime required)
 Email: Endoscopy@listerclinic.com
 Emergencies: 011-568-3454
 Fax: 086 764 4069
www.listerclinic.com



ENDOSCOPY REFERRAL FORM 2018

Open 24-Hours including weekends and public holidays | Back-up Power and Water Supply | Please photocopy this pad if you run out of referral forms or use your practice referral pad | Our affordable prices include consultation, ultrasound, admission, theatre, anaesthesia, medication, and 15% VAT | We will consider offering certain services pro bono for urgent uninsured and indigent patients. Please attach a motivation on your practice letterhead.

Patient Details

Names:		Surname:	
Telephone:		Mobile:	
Email:			

Referring Practice Details

Practice Name:		Practice No:	
Telephone:		Mobile:	
Email:			

<input checked="" type="checkbox"/> INVESTIGATION/S REQUIRED	Price		Price
<input type="checkbox"/> Gastroscopy	R 5 000	<input type="checkbox"/> Haemorrhoids - Inspection & Intervention	POA
<input type="checkbox"/> Colonoscopy	R 5 000	<input type="checkbox"/> Proctoscopy	POA
<input type="checkbox"/> Combined Gastroscopy & Colonoscopy	R 6 000	<input type="checkbox"/> Screening Endoscopy	POA
<input type="checkbox"/> Sigmoidoscopy	POA	<input type="checkbox"/> Endoscopic Retrograde Cholangio-Pancreatogram (ERCP)	POA
<input type="checkbox"/> Capsule Endoscopy	POA	<input type="checkbox"/> Endoscopic Ultrasound (EUS)	POA
<input type="checkbox"/> Other - specify			

For advantages of office-based endoscopy and indications please see overleaf.

Clinical History

How would you like to receive your report? Electronic Access CD By hand Telephonic

Email Address _____

Do you require more referral pads? Yes No Would you prefer an electronic referral form? Yes No

 Referring Practitioner's Name Mobile No Date Signature

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We are committed to an affordable and equal pricing policy for local, regional and international clients. Prices are subject to change without notice. Errors & Omissions Excluded. We accept cash, medical aid, debit, credit and selected retail cards. Medical aid clients will be requested to produce their medical aid and ID or passport. Basement parking available in Lilian Ngoyi (Bree) Street.

ADVANTAGES OF OFFICE-BASED ENDOSCOPY

There are many benefits to office-based procedures, but sometimes patients and clinicians may not understand what the benefits entail.

1. Confidentiality

Our multidisciplinary medical and dental centres offer privacy and confidentiality for our clients. Nobody will ever know the reason for your visit since we offer many other services under one roof. We also provide executive/VIP rooms at an extra cost if required.

2. Pain Free

All our procedures are performed under sedation/anaesthesia at no extra cost so that our clients do not feel any pain.

3. Lower risk

Compared to procedures in the operating room, office-based surgeries do not have the same risks associated with general anaesthesia. Patients are often pleasantly surprised at just how comfortable they can be with local anaesthesia or conscious sedation/anaesthesia; and a typical patient can even drive himself/herself home immediately after the procedure without any nausea or drowsiness.

While all surgery carries a risk for infection, office-based procedures are also typically done outside of a hospital setting, so the risk of wound infections with hospital-acquired superbugs is thought to be lower.

4. Lower cost

In addition to the safety benefits of office-based surgery, we are living in a time when patients are asked to absorb more and more of their healthcare costs. Because office-based surgery does not often have facility or hospital fees, and does not have separate general anaesthesia fees or fees based on time spent occupying an operating room, it is often considerably less expensive to the patient, the insurer, and the healthcare system.

In most cases your co-pay for an office based procedure is a small fraction of what it would be in a hospital.

5. Accreditation

Ideally, office based procedures should only be performed in an accredited office. Specifically, any procedure that requires more than minimal sedation/anaesthesia must be accredited. To achieve accreditation, it is a requirement to put in place the necessary developing protocols, policies procedures and accredited training.

INDICATIONS FOR ENDOSCOPY

1. Endoscopy procedures performed:

- Gastroscopy
- Sigmoidoscopy
- Haemorrhoids - Inspection & Intervention
- Colonoscopy
- Proctoscopy
- Screening Endoscopy
- Endoscopic retrograde Cholangio-Pancreaticogram (ERCP)
- Endoscopic Ultrasound (EUS)
- Capsule endoscopy

2. Symptom based indications

Symptoms that warrant endoscopy will entirely depend on assessment by the GP or referring practitioner. For patients over 55 years, any change in bowel habits will warrant endoscopy. Generally, it is encouraged that both upper and lower endoscopy be done, that is, G-Scope and C-Scope.

3. Symptoms can be grouped into the following:

- Swallowing complaints of any kind
- Stomach complaints
- Abdominal masses
- Weight loss, unexplained
- Eating problems

4. Alarm symptoms include the following:

- Bleeding
- Intractable vomiting
- Dysphagia
- Chronic coughs
- Unexplained bronchitis
- Asthma syndromes
- Suspected GI cancer symptoms

5. Metastatic disease

Always when there is a metastatic disease with no obvious primary cancer lesion as part of the diagnostic workup.

- GIT cancer follow up
- Post DXT
- For any abdominal or pelvic cancer, as evaluation and even endoscopic treatment for such complications as DXT radiation induced colitis and bleeding
- All patients with chronic liver disease need G-Scopes to evaluate for features of portal hypertension, so that one can give preprimary, primary and secondary prophylaxis for varices
- Varices bleeding, endoscopic therapy and banding, etc.
- Chronic diarrhea
- As evaluation of any chronic diarrhea both upper and lower endoscopy needed
- Inflammatory bowel disease
- Diagnosis, follow of inflammatory bowel disease
- Unexplained Fe-deficiency anaemia

6. Follow/repeat endoscopy

- Determined by the cliniciandepending on the underlying condition
- If first endoscopy clear/NAD subsequent endoscopy warranted in 5 to 10 years