DIRECT ACCESS ENDOSCOPY - Prof. Thomas Gorey

Prof. Tom Gorey, Suite 9, Mater Private Hospital, Eccles Street, Dublin 7
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SERVICE FEATURES

- **Referrals** - same day triage by Consultant if received before 2pm.
- **Appointments** - scheduled within 2 working days directly with patient.
- **Reports** - send back to referring doctor within 24 hours; verbal communication of urgent result.
- **Results & Management Plan** - discussed with patient on day of procedure.
- **Insurance Cover** - full cover for day case procedures on majority of plans, call 01 885 8856 for details.

REFERRAL GUIDELINES

**Suitable Patients:**
- New upper GI symptoms
- Suspected GI bleed (stable)
- Suspected malabsorption syndrome
- Diarrhoea
- Rectal bleeding
- Altered bowel habit
- Weight loss
- Anaemia (iron deficiency)
- Family history/screening

**Unsuitable Patients:**
- Not fit for day-case procedure
- Not fit for at home bowel prep
- Aged under 16
- Significant comorbidities (uncontrolled CFF, severe renal disease)
- Haemodynamically unstable patients

ENDOSCOPY PATIENT PATHWAY

1. **REFERRAL from GP**
   - Consultant Triage
   - **Patient Suitable For Endoscopy**
     - Appointment scheduled within 10 working days
   - **Complex Patient**
     - Appointment scheduled in rooms for consultation
   - **Procedure:** REPORT to referring GP within 24hrs GP contacted by phone with urgent results
     - **Abnormal**
       - Pathology
       - CT Scan
     - **Normal**
       - Surgical Consult
       - Inform GP
     - **Follow up with GP**
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GENERAL PRACTITIONER DETAILS

Surname: __________________________
First Name: ________________________
Address: __________________________

Tel: ___________________________ Mobile: _______________________
Fax: ___________________________
GP Signature: _____________________
Tel for Urgent results: _______________

PATIENT DETAILS

Surname: __________________________
First Name: ________________________
D.O.B: ____________________________
Address: __________________________

Mobile No: ________________________ Tel. day: ______________
Tel. evening: _______________

REASON FOR REFERRAL & CLINICAL INFORMATION

Please be as detailed as possible and include/attach any recent lab or other test results

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PROCEDURE

Gastroscopy □ Colonoscopy □ Surgical Procedure (haemorrhoids, fissure, abscess/fistula) □

CLINICAL INDICATION AND RELEVANT HISTORY

☐ PR/Bleeding: if haemorrhoids injection/banding
☐ Anal Pain: manage fissure/haematoma or ruptured pile
☐ Anal Abscess: drain/fistulotomy
☐ Other:

________________________________________________________________________

MEDICATION

Is the patient taking:

Aspirin  Yes □ No □
Plavix  Yes □ No □
Warfarin Yes □ No □
Other: ______________________________________

Does the patient have:

Diabetes Yes □ No □
Renal Insufficiency Yes □ No □
Cirrhosis/Liver Disease Yes □ No □