Gastro Services & Facilities

Dr John Gibbons MBBS (Qld) FRACP
Dr Kate Cayzer MBBS (Qld) PhD FRACP
Dr Jillian Rosenstengel MBBS (Qld) FRACP
Dr Nicholas Tutticci BSc MBBS (Qld, Hons II) FRACP

TO TREATING DOCTOR
RE: ANTIPLATELET MEDICATION AND COLONOSCOPY

REPLY EMAIL: EEC.nurse@easternendo.com

Date ……………………

Dear Dr ………………………,

Re: COLONOSCOPY FOR Name: ……………………………………

Date of Birth: …………………… on……/……/…….at …………………. ……..(Hospital)

It is a policy of **Gastro Services & Facilities** that all colonoscopy patients on **anti-platelet medication** must obtain written advice from their treating doctor with respect to **cessation for 7 days prior** to the colonoscopy, or continuation of this medication. If the medication is continued, then a diagnostic colonoscopy will be performed, and no polypectomy (if polyps diagnosed) will be undertaken at this time.
As the treating doctor, please indicate below your advice re this medication. **Aspirin is not contraindicated and should be continued or used as a substitute antiplatelet agent.**

Date………………………..

- ❑ I consider it a low and acceptable risk for the patient to cease …………………… (name of medication) **7 (SEVEN) DAYS PRIOR TO COLONOSCOPY**.
- ❑ The patient has been informed.

OR

- ❑ I consider it necessary to continue ……………(name of medication) and therefore a diagnostic colonoscopy (no polypectomy) will be performed.
- ❑ The patient has been informed.

Signed …………………………..

Dr.s Name (please print) ……………………………