

Dr Sam Hall
Gastroenterologist

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CAPSULE ENDOSCOPY REFERRAL FORM

Tennyson Centre Day Hospital
Glenelg Community Hospital
Seaford Day Surgery
Ashford Hospital

Any enquiries phone 08 8371 3000

Patient Details		Referring Doctor	
Surname:		Date:	
Given Name:		Doctor's Name:	
Date of Birth:	Sex: M F	Provider Number:	
Address:		Address:	
Phone: (H)	Phone: (M)	Phone:	Fax:
Medicare No:		Signature:	

Clinical Details

Indication: Recurrent iron deficiency anaemia Peutz-Jeghers syndrome
Overt gastrointestinal bleeding

Previous gastrointestinal surgery:

Significant comorbidities:

Crohn's disease	Obstructive symptoms	Pacemaker
Swallowing disorder	Implanted defibrillator	

Eligible patients

- (i) have overt gastrointestinal bleeding; or
(ii) have gastrointestinal bleeding that is recurrent or persistent, and iron deficiency anaemia that is not due to coeliac disease, and, if the patient also has menorrhagia, has had the menorrhagia considered and managed; and
(b) an upper gastrointestinal endoscopy and a colonoscopy have been performed on the patient and have not identified the cause of the bleeding; and
(c) the service has not been provided to the same patient on more than 2 occasions in the preceding 12 months.

Capsule Endoscopy Information

Contraindications:

- Known or suspected obstruction/stricture/fistula/extensive Crohn's disease
- Swallowing disorders, motility disorders, pseudo-obstruction

Risks:

- Capsule retention requiring surgery: 0.75% for patients with obscure GI bleeding, increasing to 5% if highly suspicious of Crohn's disease
- Capsule failure: 1 in 400 (requiring 2nd procedure)
- Aspiration of capsule: very rare

Important: if significant oropharyngeal dysphagia, oesophageal dysmotility or gastroparesis, please consider referring for endoscopic placement of capsule. If suspicion of Crohn's disease, small bowel follow through +/- CT abdomen recommended initially. If obstructive symptoms, will require patency capsule initially.