

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: ANTICOAGULANT MEDICATION AND COLONOSCOPY

Dear Dr _____,

Date: _____

Re/ Patient Name: _____ Date of Birth: _____

For colonoscopy on/...../..... at
Eastern Endoscopy Centre / Sunnybank Private Hospital / Mater Private Hospital.

It is a policy of **Gastro Services & Facilities** that all colonoscopy patients on **Dabigatran** (Pradaxa), **Rivaroxaban** (Xarelto), or **Apixaban** (Eliquis) medication must obtain written advice from their treating doctor with respect to **cessation for 3 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.

Please note if CLEXANE/LMWH is used as a bridge to procedure, it must be given in an appropriate therapeutic dose.

As the treating doctor, please indicate below your advice re this medication.

.....

Date: _____

- I consider it a low and acceptable risk for the patient to cease **Pradaxa / Xarelto / Eliquis** 3 days prior to the colonoscopy procedure and the patient has been informed.

OR

- I consider it necessary to continue **Pradaxa / Xarelto / Eliquis** and therefore a diagnostic colonoscopy (no polypectomy) will be performed. The patient is aware.

Signed _____ Drs Name _____
(Please print)

Email completed form to EEC.nurse@easternendo.com