



GASTROENTEROLOGISTS

Your Visit to Meet a Gastroenterologist

Sarah Lawson loves her job. She loves to talk to patients and answer their questions about complicated preps and procedures. She loves to trouble-shoot, manage patient files and book appointments. Most of all, she loves to educate and reassure patients about what it's like to visit a gastroenterologist. Sarah is the Administrative Assistant to Dr. David Armstrong, a consultant gastroenterologist at McMaster University and Hamilton Health Sciences. Sarah does all this, and more, every day.

"A gastroenterologist treats people with diseases of the digestive system," Sarah says. "Dr. Armstrong sees patients that have inflammatory bowel disease (IBD), such as Crohn's disease and ulcerative colitis, irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), or not yet diagnosed symptoms of constipation, diarrhea, heartburn and abdominal pain."

Some gastroenterologists work from their own private office and others, like Dr. Armstrong, work for the university and its teaching hospital. "The gastroenterologists at McMaster have research and teaching responsibilities in addition to patient care," Sarah says. "Less than half of their time is actually spent seeing patients."

Patients cannot book their own appointment with a gastroenterologist – they must be referred by a family physician or another specialist. "There are typically two types of patients referred to Dr. Armstrong," Sarah says. "There is the person who is worried by a sudden and unexplained pain or change in their bowel habits and there is the person who has had digestive health problems for years, and something triggers their decision to finally see a doctor about it."

With less than 550 gastroenterologists practicing in Canada, wait times to see a gastroenterologist can be long and frustrating. In Dr. Armstrong's office, referrals are triaged to see the sickest people first. "The doctors decide who should be seen immediately and who can wait," Sarah explains. "The referral is evaluated then assigned a priority and an appointment date. We call the referring doctor who will notify their patient about the appointment."

Another consideration in prioritizing patients is where they live. At Dr. Armstrong's office, patients from outside the Hamilton area may wait up to twelve months. "Dr. Armstrong has 750 patients in his practice and only eight days per month to see them," Sarah says. "That's why referrals from other areas may have to wait longer." Most people seem willing to wait for Dr. Armstrong once they understand how the system works. And if they cannot wait, they can be referred back to a gastroenterologist in their own community that may be able to see them sooner.

People often feel uncertain about what to expect on their first visit. Sarah admits that sometimes a person is unclear about why they have been referred to see a gastroenterologist. Sarah suggests several ways to prepare for that first appointment.

- 1) Understand why you are seeing a gastroenterologist – ask your family doctor if you are not sure.
- 2) Write a list of all medications you take (include any vitamins or supplements) or get an electronic print-out from your pharmacy.
- 3) Bring additional information that your family doctor may not have sent, such as test results from another city or province.

PERSONAL STORIES – GASTROENTEROLOGISTS

- 4) Write a list of questions you have for the doctor – What is the most likely cause of my symptoms? What kind of tests do I need? What treatments are available and which do you recommend? What are the possible side-effects of the treatment?
- 5) Bring a companion such as a spouse, friend or family member to help you remember important information.
- 6) Know that it is ok for you to ask questions.

Typically, a gastroenterologist will take a medical history, do a physical exam and ask a LOT of questions during a first consult. “Digestive diseases are not ‘sexy medicine’,” Sarah says. “People may be embarrassed to talk about their symptoms and the frequency, color and texture of their stools. These are very private things – but the doctor needs to know because these tell him a lot about the condition.”

Gastroenterologists also perform diagnostic tests to help puzzle out the cause of a digestive problem. A patient may have an endoscopy (test which uses a small camera to view the lining of the upper gastrointestinal tract), colonoscopy (test which uses a camera to examine the lining of the colon), an endoscopic ultrasound (test which uses an ultrasound probe to produce visual images of the digestive organs) or other specialized tests.

For many, a diagnosis leads to treatment and successful control of symptoms. But for some people, finding the right treatment may be elusive. Sarah says she understands very well the daily struggles those with digestive problems face.

In cases of acute flare-ups – when an individual cannot be seen right away – Dr. Armstrong refers his patients to the Emergency Department. Although Sarah admits the ER is a ‘bandaid’ measure, she says “if a patient is in trouble, they need advanced medical care. Emergency is the best place to go.”

For nine years, Sarah has been an indispensable part of Dr. Armstrong’s team. She has seen what works for patients. “Find a gastroenterologist that you have confidence in,” Sarah advises. “A comfortable, trusting relationship with your doctor is really important. Also, participate in your care – ask questions and educate yourself.” But, Sarah cautions people to look for information that is backed up by good, clinical science. “There are many natural remedies out there that people want to believe in, because ‘if it grows in the ground, it must be good.’ But, Dr. Armstrong has seen patients relapse when they replace verified medications with unproven alternative therapies. So,” Sarah stresses, “it’s important to talk to your doctor about natural remedies and how they may fit into your treatment.”

Diseases like Crohn’s, colitis and IBS are complex, chronic conditions. “There is a horrible public misconception that because these diseases are invisible, they are not serious,” Sarah says. “But these conditions can be utterly debilitating.” And because the symptoms often involve the taboo topic of bowel habits, they are shrouded in stigma.

Canada’s gastroenterologists, like Dr. Armstrong, provide much needed treatment and relief to those who suffer from digestive disorders. And with caring staff like Sarah Lawson to help shepherd patients through the world of gastroenterology, the road to diagnosis, treatment and improved digestive health can be much easier than most people think.

DONATE

ABOUT US

YES! I want to donate to the Canadian Digestive Health Foundation

Please accept my donation to support:

- Canadian Digestive Health Foundation Programs as needed
- Canadian Digestive Health Foundation Endowment Fund

My donation is:

- Personal In honour of In memory of
_____ (person's name)

- Yes, please send notification of my gift to:

Full name: _____

Email: _____

Mailing address: _____

Personal message: _____

Donate by Cheque:

- I have enclosed a cheque for \$ _____
- I have enclosed a blank cheque marked "VOID" and authorize the Canadian Digestive Health Foundation to deduct \$ _____ from my account on the 28th day of each month

Signature: _____ Date: ___ / ___ / ___ (dd/mm/yy)

Donate by Credit Card:

I would like to make a donation using my credit card. Please charge my

- VISA MasterCard
- \$ 100 \$ 250 \$ 500 \$ 1000 Other \$ _____.

I want to support the Canadian Digestive Health Foundation with a monthly donation charged to my credit card on the 28th day of each month. My signature below is authorization for this transaction.

- \$ 250 \$ 100 \$ 75 Other \$ _____ per month

Card #: _____

CCV2 _____ Exp. _____ / _____ mm/yy

Signature: _____

Tel: (_____) _____ - _____

Name: _____

Email: _____

Address: _____

City: _____ Prov: _____ PC: _____





- Please send me information about protecting and improving my digestive health.

Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

We reduce suffering and improve quality of life by empowering Canadians with trusted, up to date, science-based information about digestive health and disease.

As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:

 <p>REDUCE the incidence and prevalence of digestive disorders</p>	 <p>IMPROVE understanding of digestive health issues</p>
 <p>SUPPORT those suffering from digestive disorders</p>	 <p>ENHANCE quality of life for those living with digestive disorders</p>

Request for support

The Canadian Digestive Health Foundation is a national charity governed by a volunteer board of directors. We rely on donations from the public and the generosity of our partners to develop and deliver our programs. Please consider including our Foundation as one of your chosen charities.

Contact us/Donate to

Canadian Digestive Health Foundation
1500 Upper Middle Road, Unit 3,
PO Box 76059, Oakville, ON L6M 1G0
Tel and Fax: 905-829-3949
info@CDHF.ca