

The Hospital
Outpatient Endoscopy
Discharge Instructions

You are having the following procedure(s) perform

EGD (Upper Endoscopy)

Colonoscopy

Sigmoidoscopy

Dr. _____

Office Number: _____ (before 5pm)

Following sedation, your judgment, perception, and coordination are considered impaired for up to 24 hours after being discharged.

- Do not exercise, drive or operate heavy machinery until tomorrow
- Do not sign legal documents
- Do not drink alcohol or take tranquilizers or sleeping pills for 24 hours

PLEASE CALL YOUR PHYSICIAN IF YOU EXPERIENCE ANY OF THE FOLLOWING: (CHECKED ITEM(S) ONLY)

UPPER ENDOSCOPY: Fever of 101 or higher, chest pain or difficulty breathing, nausea or vomiting/vomiting blood, severe /persistent pain or cramps in abdomen, lightheadedness/dizziness.

COLONOSCOPY/SIGMOIDOSCOPY: Fever of 101 or higher-not related to a cold, bright red blood in stools-more than on toilet tissue, lightheadedness/dizziness, severe /persistent pain or cramps in abdomen.

If it is after 5pm and you cannot reach your doctor, call 410-_____ and ask for the doctor on call for

ADULT GI

ONC ENDO

If you cannot reach your doctor please go to the nearest emergency room or call 911.

FOLLOW-UP INSTRUCTIONS

Some abdominal discomfort and distention may occur due to air introduced into the stomach/colon during your procedure.

If you experience tenderness, pain or swelling at the IV site, please call your doctor.

If you want to take a walk outside, have someone accompany you. Your reflexes will be slow because of the sedation.

If you experience a sore throat, you may gargle with warm salt water or use throat lozenges.

Follow up as instructed with your Primary Care Physician for biopsy results and/or further treatment.

If you had a polyp removed, check with your doctor -you will need to have a repeat colonoscopy.

MEDICATIONS

Continue your current medication on your previous prescribed schedule.

Changes to your medications are _____

No advil, motrin, ibuprofen, aspirin, aspirin derivatives, or blood thinners for 7 days if biopsies are taken.

DIET

No alcohol for 24 hours.

Eat lightly today and avoid foods that cause gas. You may resume your regular diet tomorrow.

Diet restrictions (if any) _____

I have read or it has been read to me the above information. I understand these instructions and have been given the opportunity to ask questions.

Care provided by: Patient

Parent/Guardian

Home Care Agency

Other

Patient/caregiver signature _____ Date/time _____ RN Signature: _____