I. GENERAL INSTRUCTIONS

1. The medication given to you will slow your reaction time even though you may think your reaction time is normal. Also, you may feel light headed for several hours. *You may need assistance to get up. You may even experience some amnesia of the procedure.

2. You are advised to rest and relax for the remainder of the day.

3. You should remain in the presence of a responsible person today.

4. Do not drive a motor vehicle, operate hazardous equipment or appliances for at least 24 hours following the procedure.

5. Do not drink alcoholic beverages for at least 24 hours.

6. Do not sign important documents or make important decisions for the next 24 hours.

II. ESOPHAGOGASTRODUODENOSCOPY

1. Do not eat or drink anything until___________am/pm then you may begin sipping clear liquids(water, tea, soft drinks).

2. If you are not experiencing any difficulty in swallowing the liquids, your gag reflex has returned and you may begin eating

3. You may have a sore throat for a few hours but may use throat lozenges or gargle with warm water after your gag reflex has returned.

4. Notify your physician if you experience any of the following:
   a. Chest or abdominal pain.
   b. Difficulty swallowing
   c. Fever-100 or above
   d. Persistent nausea and vomiting

III. COLONOSCOPY

1. It is common to expel flatus (gas or air) following this procedure

2. Lying on your left side or walking often aids in expelling flatus.

3. Notify your physician if you experience any of the following:
   a. abdominal discomfort that worsens
   b. fever-100 or greater
   c. rectal bleeding

IV. POLYPECTOMY

- Blood may be seen in your first bowel movement. Call your physician if the bleeding is excessive or persistent.

- Avoid the use of aspirin products for ______. Aspirin increases the possibility of bleeding.

- Special Instructions

V. DIET

1. You may resume a normal diet unless a special diet has been prescribed to you by your physician.

2. Special Diet instructions (if applicable)

VI. MEDICATION

1. Resume your home medications.

2. Your physician has written you a prescription for the following medications:

   Have the prescription(s) filled and take as directed.

VII. ADDITIONAL INSTRUCTIONS

- No specimen was taken
- A specimen was taken

Your physician will discuss with you the results of specimens taken.

Please keep your follow-up appointment(s):
Dr._________________ Date:_________ Time:__________
Dr._________________ Date:_________ Time:__________

VIII. PHONE NUMBER

In case of an emergency call:
Dr._________________
Office#_________________

IF YOU NEED IMMEDIATE ATTENTION: GO TO THE EMERGENCY ROOM NEAREST YOU.
Montgomery Surgery Center (334) 747-9600

I hereby acknowledge and understand these written and verbal discharge instructions given.

Name/Relationship__________________________
Nurse/Time______________________