MONTGOMERY SURGICAL CENTER

Taylor Medical Complex 470 Taylor Road, Suite 100 Montgomery, Alabama 36117 (334) 747-9600

POST-ENDOSCOPY CARE

DISCHARGE INSTRUCTIONS-GASTROENTEROLOGY

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 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 followina:
- 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 followina:
- 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 forAspirin 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.
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 specimen 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#
I hereby acknowledge and understand these written and verbal discharge instructions given.
Name/Relationship

Nurse/Time

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