Post Procedure Instructions

After careful evaluation, your doctor has decided to dismiss you with the following discharge instructions:

1. Due to the long acting effects of the sedation you received during your procedure, we advise you NOT to drive a car, operate any machinery, consume alcohol, make critical decisions, or return to work for at least twelve (12) hours. You may resume routine activity in the A.M.

2. When you return home, you may resume your regular diet unless otherwise directed.

3. Because air was put into your colon during the procedure, gaseous discomfort is normal and expected immediately after your examination. Passing gas and belching is normal. A heating pad (on low setting) to your abdomen may help you feel more comfortable.

4. You may develop a lump and/or redness at the site where your medication was given during the procedure. If the area is tender apply a warm compress (washcloth soaked in warm water) to the area for about 10 minutes, four times a day, for two to three days. If pain, redness, or swelling lasts for more than four days, please report this to your physician.

5. Biopsy results are usually available within one week. If you have not heard from the doctor's office in 7-10 days, please call your physician’s office.

6. If you have had a polypectomy or biopsy please do not take any products containing Aspirin or NSAIDS (Ibuprofen, Aleve, and Motrin) for 7 days unless directed by your doctor. **If you take Aspirin or NSAIDS on a daily basis for a medical condition please refer to your physician’s recommendations on the medication reconciliation sheet.**

7. Notify your doctor immediately if you develop any of the following:
   - Severe pain
   - Black, tarry stools
   - Rectal bleeding
   - Persistent vomiting or vomiting blood
   - Temperature over 100.4 degrees

The physician may be reached at any time by calling ________________.

Medication/Diet Instructions:

Follow-up with Doctor:

Findings:

Received by: __________________________  Explained by: ________________________ Date: __________