

INSTRUCTION SHEET

1. You have had a ____ Colonoscopy ____ with Removal of Polyp, ____ with a Biopsy, ____ EGD, ____ with biopsy, ____ IRC today
2. Because you have received intravenous sedation for your exam you must:

REST TODAY. If possible, DO NOT STAY ALONE.

DO NOT drive for 24 hours.

DO NOT operate machinery for 24 hours.

DO NOT return to work for 24 hours.

DO NOT drink alcohol for 24 hours.

DO NOT sign important papers for 24 hours.

3. If the site where your IV was placed is painful, place warm wet compresses on site until soreness is relieved. Call us if there is no improvement.

4. You may resume diet and medications unless otherwise instructed.

5. If you had a Polyp Removed From Your Colon, please follow the instructions below indicated by a check-mark to aid in the prevention of complications.

____ Remain on full liquids for ____ hours, then low residue for ____ days.

____ For the next 24° eat a soft diet. No raw fruit, raw vegetables, high fiber foods or red meat.

____ Continue the soft diet for ____ more days.

____ Rest quietly with minimal activity for the first 24 hours.

____ Avoid exercise, jogging, lifting heavy items and strenuous activity for ____ days.

____ Avoid straining with bowel movements.

____ **NO** aspirin containing medications for ____ days. (Includes Advil, Aleve, Celebrex, Vioxx, etc)

____ **NO** out of town travel for at least one week.

CALL YOUR GASTROENTEROLOGIST AT _____, IF YOU DEVELOP ANY OF THE FOLLOWING SYMPTOMS:

***NEW OR INCREASED BLEEDING**

***INCREASING PAIN, NAUSEA, VOMITING**

***NEW ABDOMINAL DISTENSION (SWELLING)**

***FEVER / CHILLS**

6. Follow-up appointment with Dr. _____ .NA _____

7. Follow-up with your primary care doctor as usual, a report of this procedure will be sent to his/her office.

8. Discharged with: _____ Relative _____, Friend _____.
(print name)

9. SPECIAL

INSTRUCTIONS: _____

ADDITIONAL INFORMATION: A GASTROENTEROLOGIST MAY BE REACHED 24 HOURS A DAY, 7 DAYS A WEEK BY CALLING _____. AFTER NORMAL OFFICE HOURS (MONDAY - FRIDAY 9:00 A.M. TO 5:00 P.M.) THE ANSWERING SERVICE WILL ANSWER THE PHONE, TAKE A MESSAGE, AND CONTACT THE GASTROENTEROLOGIST ON CALL.

IF YOU ARE UNABLE TO CONTACT YOUR GASTROENTEROLOGIST OR PRIMARY CARE PHYSICIAN AND YOU FEEL YOU ARE HAVING A SEVERE COMPLICATION, GO TO THE NEAREST ER OR CALL 911.

Responsible Party: _____ Date: _____

Relationship: _____ RN/LPN _____