JOSEPH BRANT HOSPITAL

Endoscopy Discharge Instructions

Place Patient Sticker Here

The following **procedure(s)** were completed today:

☐Gastroscopy ☐Colonoscopy ☐ERCP ☐Other: _____

You have received the following **sedation**:

☐Versed ☐Fentanyl ☐Deep Sedation Anesthesia ☐Other:_____

1. You will not be able to drive for 24 hours after the test. If you are taking a taxi, you must ensure you have a responsible adult to accompany you home (not the taxi driver).
2. Do not drink alcohol for 24 hours after your test.
3. If you received sedation you must not make any major legal or financial decisions for 24 hours.
4. If your throat was sprayed, you must not take anything by mouth until: _____(*Time)*
5. You may experience mild rectal or abdominal pain, gas, cramps, bloating, and slight bleeding or a sore throat. You may not have a bowel movement for a few days after the colonoscopy. These symptoms usually improve after 2-3 days.
6. Unless otherwise advised, you do not have any specific diet restrictions. Your initial meal after your colonoscopy should be light. If you tolerate your light meal, you may progress to your regular diet.
7. The total time for your procedure and recovery is approximately 2-3 hours, however you may remain fatigued for 24 hours if you received sedation.
8. It is recommended that you go home and rest for the remainder of the day.

Summary of Findings (will also be sent to your family physician):

☐No abnormalities found ☐Other: _____

☐Routine biopsies were taken ☐ _____ Polyp(s) were removed
(number)

Comments:_____

Follow-up:

☐Follow up with family doctor ☐Follow up in my office

☐You may call my office in 2-3 weeks for results over the phone ☐ I will call you will the results

☐Please call my office **today**, to schedule an appointment in _____ ☐weeks ☐months

☐A prescription for _____ has been written

☐Repeat ☐Gastroscopy ☐Colonoscopy ☐ERCP ☐Other:_____
in _____ ☐weeks ☐months ☐years

☐If you are on ☐aspirin or ☐blood thinners, resume in _____ days.

☐Other:_____

_____

If you experience any of the following, please go to your nearest emergency department:

Shortness of breath, fever > 38 ° C, chest pain, severe abdominal pain, unable to pass urine, excessive rectal bleeding.

Remember to bring your health card, medication list, and this form with you to the emergency department.

Physician Name:_____ **Procedure Date:**_____

Physician Signature:_____ **Physician Phone Number:**_____