

ADVANCED ENDOSCOPY CENTER
Endoscopy Discharge Instructions

Esophagoduodenoscopy (EGD) ()	Colonoscopy ()
RESTRICTION ON ACTIVITY: <i>Following Day:</i> Return back to full activity and work. DIET: <i>Today:</i> Nothing for 1 hour then try sips of water. If no choking, coughing or problem swallowing, start a soft, bland diet. <i>Tomorrow:</i> Eat and drink normally unless instructed otherwise. If Dilation Done: Clear liquid diet today and advance diet slowly tomorrow unless directed otherwise.	RESTRICTION ON ACTIVITY: <i>Following Day:</i> Return back to full activity and work. <i>For 3 Days:</i> No heavy lifting, straining or running. DIET: <i>Today:</i> Eat and drink light.

TREATMENT FOR COMMON AFTER EFFECTS:

Sore Throat: Treat with sore throat lozenges; gargle with warm salt water.
Mild Abdominal Pain, Bloating And Gas: Rest and take only liquids. Lay on your right side. Use heating pad.
Redness At IV Site: Place warm wash cloth on area.

SYMPTOMS TO WATCH FOR & REPORT TO US RIGHT AWAY OR GO TO THE NEAREST EMERGENCY ROOM:

1. Severe abdominal pain, shortness of breath or vomiting blood.
2. Fever (above 101° F) or chills occurring with 24 hours after the procedure.
3. A large amount of rectal bleeding. (A small amount of blood can be seen, especially if hemorrhoids are present.)

SPECIAL INSTRUCTIONS:

Do not consume alcohol, drive or perform any tasks requiring coordination, skill or judgment, or make critical decisions until next day or longer if you feel or notice difficulty concentrating for coordinating the next day also.

IF A POLYP HAS BEEN REMOVED OR ANY BIOPSIES TAKEN:

For the next 7 days: Do not take Aspirin, Coumadin, Plavix or any other blood thinners, Ibuprofen, Motrin, Advil, Naproxen, Aleve or any similar medications (NSAIDS) or any other arthritis medications. **Contact your primary doctor or Cardiologist today if you have any concerns or if there is any specific issue regarding holding these medications for at least 7 days.**

- G-TUBE REMOVAL:** Clear liquids today, slowly resume diet tomorrow.
 G-TUBE REPLACEMENT: Start tube feeds as before. **G-TUBE PLACEMENT:** See separate sheet attached.

PRESCRIPTIONS:

INSTRUCTIONS GIVEN: Anti-Reflux; Hiatal Hernia; High Fiber Diet; Diverticulosis; Prescription given.

SPECIAL INSTRUCTIONS GIVEN: _____

- FOLLOW UP APPOINTMENT WITH DR. RAHAL'S GROUP: DATE:** _____ **TIME:** _____
- Institute of Advanced Gastroenterology – (661) 323-1200**
 9802 Stockdale Highway, Suite 102
 Bakersfield, CA 93311
- Delano Office – (661) 721-1200**
 1205 Garces Highway, Suite 107
 Delano, CA 93215
- FOLLOW UP WITH YOUR PHYSICIAN IN:** 2-3 Weeks As Needed

IF ANY PROBLEMS, CALL US OR YOUR DOCTOR OR GO TO EMERGENCY ROOM.

Instructions Received By: _____

RN Signature: _____ Date: _____