

**HOLY CROSS HOSPITAL
DISCHARGE INSTRUCTIONS ENDOSCOPY/COLONOSCOPY**

Name _____ Date _____

Procedure _____

THE INSTRUCTIONS THAT NEED TO BE FOLLOWED ARE INDICATED BY A CHECK MARK OR IN WRITING.

1. ACTIVITY

- If you have received medication for sedation while under our care you should not drive a car or operate machinery, drink alcohol or sign any legal documents for 24 hours.
- No strenuous activity or heavy lifting for _____.
- You may return to work or school tomorrow.

2. DIET

- You may resume your normal diet.

3. WHAT TO EXPECT FOR COLONOSCOPY

- You may experience abdominal cramping or gas pains if you have had a colonoscopy or endoscopy. These will pass after walking awhile.
- You may have some mild soreness at biopsy site or right shoulder pain.
- A small amount of rectal bleeding may occur after a colonoscopy.

4. WHAT TO EXPECT FOR ENDOSCOPY

- You may experience a slight hoarseness or mild sore throat.

5. WHEN TO CALL FOR MEDICAL ADVICE

- Unusual pain or discomfort.
- Temperature over 101 degrees.
- Excessive bleeding.
- Prolonged drowsiness, faintness, weakness or confusion.
- Swelling, redness or pain at IV injection site.

6. SPECIAL INSTRUCTIONS

Return Visit _____

Medication Prescription _____

Other _____

**IF YOU HAVE ANY QUESTIONS OR PROBLEMS CALL YOUR DOCTOR'S OFFICE.
I HAVE READ AND RECEIVED THE ABOVE INSTRUCTIONS.**

Patient or responsible party's signature

Staff signature

S006155 (Rev. 10/10)



Physician signature