

# ATLANTIC GASTROENTEROLOGY ENDOSCOPY CENTER, P.A.

## Post Procedure Instructions

### Procedure Performed:

\_\_\_ Colonoscopy    \_\_\_ Upper Endoscopy    \_\_\_ Flexible Sigmoidoscopy

Patient \_\_\_\_\_

DOB \_\_\_\_\_

MR# \_\_\_\_\_

Dr. \_\_\_\_\_

### Activity/Restriction:

1. \_\_\_ Rest today, resume normal activities tomorrow.
2. \_\_\_ Do not drive a car, operate machinery, sign any legal documents, drink alcohol, or take any sedatives today.
3. \_\_\_ You may return to work tomorrow, unless otherwise directed by your physician.
4. \_\_\_ Other: \_\_\_\_\_

### Diet:

1. \_\_\_ You may resume your previous diet.
2. \_\_\_ Other: \_\_\_\_\_

### Educational Material Given:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medications:

1. \_\_\_ Resume previous medications
2. \_\_\_ Stop taking these medications:
3. \_\_\_ Start taking these medications as prescribed:
4. \_\_\_ **NO** aspirin, anti-inflammatory medications, or other arthritis medications for \_\_\_ days. Ex: Goody's, Excedrin, Ibuprofen, Aleve

### General Information:

1. Some gas pains and bloating are normal after your procedure. They should resolve in several hours.
2. You may have some tenderness at your IV site. Warm compresses may help.

### CALL YOUR:

Gastroenterologist at 252-758-5757 or 252-758-2424

Surgeon at 252-758-2224

### If you develop any of the following symptoms:

- Increase in or new bleeding by rectum or by mouth
- Increasing abdominal pain or swelling
- Shortness of breath or chest pain
- Fever, chills, or extreme weakness

1. \_\_\_ No follow up is necessary
2. \_\_\_ Schedule return visit with \_\_\_\_\_
3. \_\_\_ Pathology results in 7-14 days. If after 14 days, call 758-2424.
4. \_\_\_ Labs/Xray \_\_\_\_\_
5. \_\_\_ Repeat colonoscopy/endoscopy \_\_\_\_\_
6. \_\_\_ Continue bariatric workup
7. \_\_\_ Other: \_\_\_\_\_

I acknowledge that the above information has been explained to me.

I agree and understand that I may receive sedation today and as a result, I will not do the following today:

drive any vehicle, drink alcohol or use sedatives, sign legal documents, or attempt any activity requiring my full attention.

Pt signature \_\_\_\_\_ Nurse signature \_\_\_\_\_ Date \_\_\_\_\_