

**Date:** [Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

## **Routine Colonoscopy Discharge Instructions**

Dear [Patient Name],

You have successfully completed your routine colonoscopy today. Please review the following summary and instructions for your recovery.

### **Procedure Summary**

- **Physician:** [Doctor Name]
- **Findings:** [Normal / Polyps Removed / Biopsies Taken]
- **Follow-up:** [e.g., 5 years / 10 years / Pending results]

### **Immediate Post-Procedure Care**

- **Transportation:** You must have a responsible adult drive you home. Do not operate heavy machinery or sign legal documents for 24 hours.
- **Diet:** You may resume your normal diet immediately, starting with a light meal, unless instructed otherwise. Drink plenty of fluids.
- **Activity:** Rest for the remainder of the day. You may resume normal activities tomorrow.

### **What to Expect**

- You may experience bloating, gas, or mild abdominal cramping. Walking helps relieve this.
- If a biopsy was taken or a polyp removed, you may see a small amount of blood in your first bowel movement.

### **When to Call the Doctor**

Contact us immediately or go to the nearest emergency room if you experience:

- Severe abdominal pain or a firm, bloated abdomen.
- Heavy rectal bleeding (more than a tablespoon).
- Fever or chills.
- Persistent nausea or vomiting.

**Contact Information:** [Clinic Phone Number]

Sincerely,

[Doctor Signature / Clinic Name]