

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Hospital Number: [Insert ID Number]

Discharge Summary: Flexible Sigmoidoscopy

Dear Patient,

You have completed a flexible sigmoidoscopy procedure today. This letter provides a summary of the findings and instructions for your recovery.

1. Procedure Results

Indications: [e.g., Rectal bleeding, screening, follow-up]

Findings: [e.g., Normal, hemorrhoids, polyps found, inflammation]

Interventions: [] No biopsies taken / [] Biopsies taken / [] Polyps removed

Follow-up: Biopsy results are usually available within [Number] days. You will be contacted by [Method of contact].

2. Immediate Aftercare

- **Diet:** You may resume your normal diet immediately unless instructed otherwise.
- **Activity:** You may return to light activities. If you received sedation, do not drive, operate machinery, or sign legal documents for 24 hours.
- **Discomfort:** You may feel bloated or have mild cramping due to air used during the procedure. This should pass within a few hours.

3. Medications

[] Resume all regular medications immediately.

[] Specific instructions regarding blood thinners: [Instructions]

4. When to Seek Medical Attention

Please contact the endoscopy department or go to the nearest Emergency Room if you experience:

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

5. Contact Information

Endoscopy Unit: [Phone Number]

After Hours/Emergency: [Phone Number or "Call 911"]

Sincerely,

[Physician Name/Signature]

[Department Name]