

Endoscopy Discharge Instructions

Patient Name: [Patient Name]

Date of Procedure: [Date]

Procedure Performed: [Type of Endoscopy]

Physician: [Doctor Name]

1. Recovery and Activity

You received sedation for your procedure today. For the next 24 hours, you must follow these safety rules:

- Do not drive a car or operate heavy machinery.
- Do not drink alcohol.
- Do not sign legal documents or make major financial decisions.
- Ensure a responsible adult stays with you for the remainder of the day/night.

2. Diet

- You may resume your normal diet unless otherwise instructed by your doctor.
- Start with a light meal (soup, crackers, toast) if you feel slightly nauseous.

3. Medications

- Resume your regular medications unless told otherwise.
- **Blood Thinners:** [Specific instructions for anticoagulants if applicable].

4. Procedure Results

Findings: [Preliminary Results/Normal]

Biopsies: [Taken / Not Taken]

If biopsies were taken, results will be available in [Number] business days via [Phone/Portal/Follow-up appointment].

5. When to Call the Doctor

Contact us immediately or go to the nearest Emergency Room if you experience:

- Severe abdominal or chest pain.
- A fever higher than 101F (38.3C).
- Heavy bleeding or black, tarry stools.
- Persistent vomiting or inability to swallow.
- Shortness of breath.

6. Contact Information

Clinic Phone: [Phone Number]

After Hours/Emergency: [Emergency Number]

Follow-up Appointment: [Date and Time / As needed]

Nurse Signature: _____

Patient/Escort Signature: _____