

**Date:** [Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Patient ID:** [ID Number]

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# Endoscopy Discharge Instructions: Abnormal Findings

Dear [Patient Name],

You have completed your [**Procedure Type: e.g., Gastroscopy / Colonoscopy**] today. During the procedure, the physician identified findings that require further follow-up.

## Procedure Findings

[Brief description of findings: e.g., Gastric ulcer, polyps removed, inflammation noted]

## Actions Taken

- **Biopsies:** [Yes / No] - Tissue samples were taken and sent to the laboratory for analysis. Results typically take [7-10] business days.
- **Polypectomy:** [Yes / No] - Polyps were removed during the procedure.
- **Photography:** Images were taken for your medical record.

## Follow-Up Plan

**Results:** You will be notified of your biopsy results via [Phone Call / Letter / Patient Portal / Follow-up Appointment].

**Next Appointment:** [Date and Time or "To be scheduled"]

**Medications:** [New medications or changes to current medications]

## Post-Procedure Care

Due to the sedation received:

- Do not drive or operate machinery for 24 hours.
- Do not drink alcohol for 24 hours.
- Do not make major legal or financial decisions for 24 hours.
- You must have a responsible adult stay with you for the remainder of the day.

## **When to Seek Medical Attention**

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

- Severe abdominal or chest pain.
- Firm, distended, or painful abdomen.
- Fever or chills.
- Heavy rectal bleeding or vomiting blood.
- Difficulty breathing or swallowing.

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

**After Hours Emergency:** [Emergency Number]

Sincerely,

[Physician Name]

[Department Name]