Date: [Date]

Patient Name: [Patient Name]

Physician: [Physician Name]

Post-Colonoscopy Recovery Instructions

You have completed your colonoscopy. Please follow these instructions for a safe recovery:

1. Activities

- Do not drive a car or operate machinery for 24 hours.
- Do not sign legal documents or make important decisions today.
- Do not drink alcohol for 24 hours.
- Rest for the remainder of the day. You may resume normal activities tomorrow.

2. Diet

- You may resume your normal diet immediately, unless instructed otherwise.
- Start with a light meal (soup, crackers, toast) if you feel nauseated.
- Drink plenty of fluids to stay hydrated.

3. Medications

- Resume your regular medications unless your doctor tells you otherwise.
- If biopsies were taken or polyps removed, avoid blood thinners or aspirin only if specifically directed by your physician.

4. What to Expect

- You may feel bloated or have gas cramps. Walking helps pass gas and relieves discomfort.
- A small amount of blood in your first bowel movement is normal.

5. When to Call the Doctor

Contact us immediately at [Phone Number] or go to the Emergency Room if you experience:

- Severe abdominal pain or bloating.
- Fever (101F / 38.3C or higher) or chills.
- Heavy rectal bleeding (more than a tablespoon).
- Persistent nausea or vomiting.

6. Follow-up

Preliminary Results: [Insert notes here]

Biopsy Results: Expect a call or letter within [Number] business days.

Next Appointment: [Date/Time or "As Needed"]

If you have questions, please call our office at [Office Phone Number].

Physician Signature: _____