

INSTRUCTIONS FOR AFTER EGD

1. You will be able to resume your usual diet today. We will offer you something to eat and drink before you leave.
2. Do not drive, drink alcohol, operate machinery, make critical decisions, or do activities that require coordination or balance for the remainder of the day.
3. Rest at home today. Light activity is permitted. Resume all your usual activities tomorrow. The medications you received may cause temporary forgetfulness so you may not remember what happens during the procedure or for a time afterwards.
4. You may experience a sore throat for 24 to 48 hours. You may use throat lozenges or gargle with warm salt water to relieve the discomfort.
5. Because air was put into your stomach during the procedure, you may experience some belching.
6. **YOU MAY RESUME YOUR USUAL MEDICATIONS.**
If we want you to refrain from taking aspirin, ibuprofen, Plavix, Coumadin, etc., it will be indicated here. We will also tell you when you can resume these medications. **IT IS OKAY TO TAKE TYLENOL.**
7. Call your doctor's office in 1 week for lab results if biopsies were taken.

CALL YOUR DOCTOR AT ANY TIME IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A. Chills and/or fever over 100 degrees by mouth**
- B. Persistent nausea or vomiting**
- C. Severe abdominal pain that lasts longer than a day**
- D. Pain, redness or swelling at the site where your IV was placed that is not improving with warm compresses applied (4) four times a day for (2) two days.**
- E. Chest pain is not associated with this procedure. If you are having chest pain, treat it like a heart problem and seek immediate medical attention. Call 911**

If you have any questions on the above instructions, call us at (860)683-9991, ext. 106 Monday through Friday 7:00AM – 4:00PM and ask for an Endoscopy nurse. If we are not in, please call your physician.

PATIENT: I have been verbally instructed in regards to discharge care and understand these instructions. I have been told I will receive a copy of these instructions along with the findings of the examination when I am discharged.

NURSE/TECH: I have reviewed the above instructions with the patient. He/she demonstrates satisfactory understanding of them.

<Signature Nurse> <Signature Patient>