



### **INSTRUCTIONS FOR AFTER COLONOSCOPY**

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 short time afterwards.
4. Because air was put into your colon during the procedure, expelling large amounts of air through your rectum is normal. If you experience the discomfort of gas, lie on your left side with a heating pad or hot water bottle on your stomach to relieve it.
5. You may not have a normal bowel movement for 1-3 days because of the prep. Some people experience loose stools initially, some return to their normal routine and some people do not have a bowel movement for 3 days. This not considered abnormal.
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 (one) week for lab results if biopsies were taken or polyp(s) were removed.

#### **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 tests longer than a day**
- D. Pain, redness or swelling at the site where your IV was placed that is not improving.**
- E. Black, tarry stools**
- F. Any rectal bleeding – exceeding one tablespoon. Spots of blood are OK.**
- G. 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 the 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 Name>*