



Cayuga
Medical Center
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END DOB 05/01/56 54



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Endoscopy Department - Discharge Instructions

- YOU HAVE HAD A:** Colonoscopy Gastroscopy Esophageal Dilatation
 Flexible Sigmoidoscopy ERCP Polypectomy

- You may have a sore throat for a few days. You may gargle with warm water or use throat lozenges.
- Mild to moderate cramping and gassiness is expected.
- If you received sedation, you may feel drowsy and sleep for a short time following the procedure. You may be unable to remember things for a few hours.

Notify Physician at 272-5011 if you develop:

- Fever
- Chest Pain
- Shortness of breath
- Prolonged or severe abdominal pain
- Vomiting
- ~~Black/tarry bowel movements~~
- Rectal bleeding (toilet water reddened / clots)
- IV site pain, redness, swelling

▶ If unable to reach the physician and you feel that you need immediate care, please go to the Emergency Room.

MEDICATIONS:

- See Medication Reconciliation Physician Orders / Instructions
- DO NOT TAKE ASPIRIN FOR _____ DAYS
- Do not take non-steroidal anti-inflammatory medication (Ibuprofen, Motrin, Advil, Aleve, etc) for _____ days.

DIET:

- Resume normal diet Clear liquids for _____ days **NO ALCOHOL** for the rest of the day
- Other: _____

▶ It is advised after discharge to eat lightly at home. Going to a restaurant is not recommended.

ACTIVITY:

- Sedation you received may make you feel weak, tired, and forgetful and slow your reaction time.

FOR THE REST OF THE DAY:

- Do not drive, operate machinery or power tools
- Do not make important decisions or sign important papers
- Avoid activities that require you to be alert and coordinated

- Resume usual activity

Procedure Findings: Removal of 1 colon polyp

- Repeat procedure in: 5 years

A specimen has been sent to the lab for further evaluation (a small amount of bleeding after a biopsy is taken or a polyp removed may be expected and is not unusual). The physician's office will call you with biopsy results. If you do not hear from them within 2 weeks, call the office at _____.

ADDITIONAL INSTRUCTIONS:

- Make an appointment with Dr. _____ in _____
Phone: _____
- Follow up with your primary care physician

Informational Literature: _____

Patient/Responsible Adult: [Signature]

Nurse Signature: [Signature]

Date: 4/11/11

Time: 10:10

Physician Signature: [Signature]

Date: 4-11-11

Time: 11:11

