

Murray Hill Medical Group, P.C.

347 East 37th Street

New York, NY 10016

Tel: 212 726-7400

Murray Hill Medical Group Endoscopy Suite

Colonoscopy Discharge Instructions

Patient Name:

DOB:

Medical Record Number:

Date:

Activity:

1. Do not drive or operate machinery today.
2. No lifting, straining, or exercising for today.
3. Return to usual activities tomorrow, unless otherwise instructed.

Diet:

1. Resume diet as usual, unless instructed otherwise. Drink additional fluids to get rehydrated.
2. No alcohol for 24 hours.
3. You may eat a cup of yogurt or take probiotics for 5-7 days. This may help restore the normal function of the colon.

Common After-Effects:

1. Mild abdominal pain or tenderness.
2. Bloating or excessive gas - you may take Mylanta, Phazyme, or Gas-X as directed on the label.

3. If the site where your IV was placed is painful, place warm wet compresses on the site until the soreness is relieved. Call us if there is no improvement.

Call your doctor at the number above if you experience any of the following symptoms:

1. Fever greater than 101 degrees within 24 hours.
2. Severe abdominal pain, bloating or vomiting.
3. Rectal bleeding.

If you are unable to reach the doctor and your symptoms are severe, please go to the nearest emergency room for further assistance or call 911.

If, a polyp has been removed using electrocautery:

1. Do Not Take aspirin or aspirin-containing products (i.e. Anacin, Alka-Seltzer, Bufferin, etc.) or non-steroidal anti-inflammatory drugs (i.e. Advil, Motrin, etc.), fish oil, vitamin E or alcohol for the next 14 days. Avoid raw fruits and raw vegetables for 14 days.
2. You may take Tylenol (acetaminophen) for discomfort, if not allergic to it.
3. Ask your doctor when to resume Coumadin (warfarin), if you take this.
4. Please get a stool softener such as Colace or the generic docusate sodium (they are pills and are obtained without a prescription) and take one tablet, three times a day for 14 days.

Additional Instructions: PLEASE TAKE THE ELEVATOR WHEN LEAVING THE OFFICE. IF A SPECIMEN WAS TAKEN FOR PATHOLOGY AND YOU DO NOT HEAR FROM US WITHIN TWO WEEKS, PLEASE CALL.

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I acknowledge that the above information has been explained to me.

Signature: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Escort: \_\_\_\_\_ Physician: \_\_\_\_\_