



PORT HURON

1221 Pine Grove, Port Huron, MI 48060

Patient Identification

Caring for Yourself at Home
Endoscopy Discharge Instructions

1. You are advised to go directly home and rest.
2. DO NOT drive or operate any mechanical or electrical equipment for 12 hours.
3. DO NOT consume alcohol or tranquilizers for 12 hours.
4. DO NOT make any important decisions for 12 hours.
5. You may return to work and normal activities tomorrow.
6. DIET: Clear Liquids Lite Diet, advance to Regular Other: _____
7. You may resume your prior medication schedule today. See attached Home Medication List
8. You may have been given a new prescription _____ start _____
9. EDUCATION PACKETS: GERD Diverticulum High / Low Fiber
 Smoking Cessation Packet offered; if you smoke you are advised to quit
10. Doctors office will call you with biopsy results in 5-7 days. Your appointment to see
Dr. _____ is _____ . See your Medical Dr. as needed or scheduled.
10. PAIN SCORE ON DISCHARGE: ADDITIONAL INSTRUCTIONS _____

BRONCHOSCOPY:

- You may have a sore throat for 1-2 days and experience coughing after the procedure.
- A small amount of blood (up to a tablespoon) may be coughed up for next 24-48 hours.
- If bleeding continues over 48 hours or coughing up over a tablespoon of blood, contact the Physician immediately.

EGD OR GASTROSCOPY:

- You may have a sore throat for 1-2 days and may experience some burping, bloating, passing gas or cramping due to the air used to expand your digestive tract during the test.

COLONOSCOPY:

- You may have a small amount of rectal bleeding (up to a tablespoon) with your next bowel movement.
- Any bleeding or clots over this amount is to be reported to your Physician immediately.
- You may experience some burping, bloating, passing gas or cramping due to the air used to expand your digestive tract during the test.

BONE MARROW:

1. Remove bandage this evening.
2. Keep area covered with clean, dry bandaid for 2 days.
3. May shower after dressing is removed.

******CONTACT YOUR PHYSICIAN IMMEDIATELY WITH CHEST PAIN, BREATHING PROBLEMS, CHILLS****
OR FEVER, NAUSEA AND VOMITING, BLOATING OR ABDOMINAL PAIN OR EXCESSIVE DRAINAGE.**

If any problems arise call your Physician Dr. _____ phone# _____

If unable to contact your Physician and you feel it is an emergency, go to the nearest Emergency Room.

THANK YOU FOR CHOOSING PORT HURON HOSPITAL FOR YOUR ENDOSCOPY PROCEDURE.
Port Huron Endoscopy Unit - Monday Through Friday 7 A.M. - 5 P.M. 810-989-3281

Patient / Significant Other: _____ Date/Time: _____

Nurse Signature: _____ Date/Time: _____

