

**Springfield Ambulatory Surgery Center
1528 Bethlehem Pike
Flourtown Pennsylvania 19031
215.402.0600**

Date:

Patient:

DOB:

SSN:

Pre-Procedure Information to Patient

Doctor:

YOU WILL RECEIVE WRITTEN SPECIFIC DISCHARGE INSTRUCTIONS BEFORE LEAVING THE CENTER.

Diet:

Unless otherwise instructed:

Begin with liquids and light foods and progress to previous diet if you are not nauseated. Take small sips at first to make sure you have good control of your swallowing function.

NO alcoholic beverages for 24 hours.

Today's Activities:

Do not make important business decisions or sign any legal documents. Limit your activities today.

Do NOT drive a car or operate any machinery until tomorrow.

IV Site:

If your hand or arm is painful, red, or swollen from intravenous (IV) medication, place a warm, wet cloth on the area and elevate arm 3 to 4 times a day for 20 minutes. If symptoms do not improve, or they become worse, notify your doctor.

Polyp Removal:

If polyp(s) were removed, avoid aspirin or any aspirin-like products for 14 days. You may take Tylenol.

Call your physician if you experience any of the following:

For Upper Endoscopy:

Difficulty swallowing or breathing

Neck swelling

Excessive pain

Nausea

Vomiting

Abdominal distension

Fever

Note: Mild throat soreness may follow this procedure. Warm salt water gargling or using throat lozenges may relieve your discomfort.

For Colonoscopy or Sigmoidoscopy

Severe abdominal distension

Severe abdominal pain

Rectal bleeding (more than streaks on toilet paper)

Nausea

Vomiting

Fever

Note: Some mild distension and/or cramping is normal after these procedures but should pass within one or two hours, with the expulsion of air.

In case of emergency go to the nearest Hospital.

If you have any questions or problems, call us at 215.402.0600 between 7:30 AM and 4:30 PM.

These instructions have been explained to me and I have voiced my understanding of them.

A copy of these instructions has been given to me to take home.

Signature of Patient or Responsible Companion

Date

Time

Nurse Signature