



Westchester Health Medical, PC  
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**Endoscopy Discharge Instructions**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

1. **You will be** supervised by a responsible adult for 24 hours from time of discharge.
2. **Do not** make any important decisions or sign any legal papers for 24 hours.
3. **Do not** drive a motor vehicle or operate heavy machinery for 24 hours.
4. **Do not** drink alcoholic beverages for 24 hours.
5. **Do not** take any sedatives, narcotics, or tranquilizers for 24 hours, unless specifically ordered by your gastroenterologist.
6. For the rest of the day, eat light foods that are easy to digest: chicken, fish, soup, or sandwich. No heavy or greasy food. If you have problems with nausea and vomiting, lie down and rest. If they continue, call your doctor.

**For Upper Gastrointestinal Endoscopy**

If you have a sore throat, it should be sight and pass within 1 to 3 days. If you have any abdominal discomfort, this is most likely due to the air that entered during the examination. These symptoms should not last longer than 1 to 2 hours. Call your doctor at once if they increase or persist beyond 2 hours.

**For Lower Gastrointestinal Endoscopy**

If you have any abdominal discomfort, this is most likely due to air that entered during the examination. You also may pass small traces of blood from irritation or biopsies done during your procedure. These symptoms should not last longer than 1 to 2 hours. Call your doctor at once if they increase or persist beyond 2 hours.

**Findings**

- |   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Colon Polyps                                       | <input type="checkbox"/> Colitis     | <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Esophagitis |
| <input type="checkbox"/> Gastritis  | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Hiatus Hernia  | <input type="checkbox"/> Ulcer(s)    |
| <input type="checkbox"/> Avoid Aspirin, Motrin, Advil or NSAIDs for 2 weeks |                                      |   |                                      |
| <input type="checkbox"/> Other  |                                      |   |                                      |

**Recommendations**

\_\_\_\_\_  
 \_\_\_\_\_

Projected follow-up exam in \_\_\_\_\_ years (unless otherwise indication) \_\_\_\_\_  
Physician Signature/Date

I have read and understand the above \_\_\_\_\_  
Patient or Legal Guardian Signature/Date