

MIDATLANTIC ENDOSCOPY CENTER

Discharge Instructions for Esophagogastroduodenoscopy (EGD) with Conscious Sedation / or Anesthesia

Date: _____

Today you had a gastrointestinal upper endoscopy (*examination of the esophagus, stomach, and upper intestine*). Below is information to answer any questions you may have following the procedure.

1. You may have a mild sore throat, which should only last a few hours. You may find that throat lozenges make your throat feel better. If a sore throat persists more than twenty-four (24) hours, call our office.
2. You have received a local anesthetic (*numbing medication*) sprayed into the back of your throat. Be very cautious when taking your first swallow of food or water, to make sure that the sensation has returned to the back of your throat.
3. If you have any abdominal discomfort it is usually due to the air the doctor put into your stomach during the procedure. You may notice that you have an increase in eructation (*belching*) and flatulence (*passing gas*). This is normal and should relieve any discomfort that you have. If the abdominal pain persists, or increases, please call our office.
4. Because of sedation do not drive, operate machinery, drink alcohol, or make any important decisions for 24 hours.
5. Call our office if you develop a fever within twenty-four (24) hours after the procedure.
6. Your test results will be available by using our "Lab Calls" results telephone line in approximately 14 days. Please call 735-2098 and enter your **Social Security number as your PIN number**. Results are available via this secure line anytime day or night.
7. If you are taking aspirin or blood thinning medication, please take as directed by your physician at Lancaster Gastroenterology, Inc.
8. Additional instructions: _____

Should you become concerned about these or any other problems related to the procedure, do not hesitate to call our office at: 717-544-3500. If calling after 5:00 p.m., ask for the doctor covering GI service.

Your doctor is: _____

I have been given a copy of these instructions, reviewed them with a nurse, and my questions have been answered.

Patient's/ Responsible Individual Signature

Date

Person Giving Instructions

Time Instructions Given

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