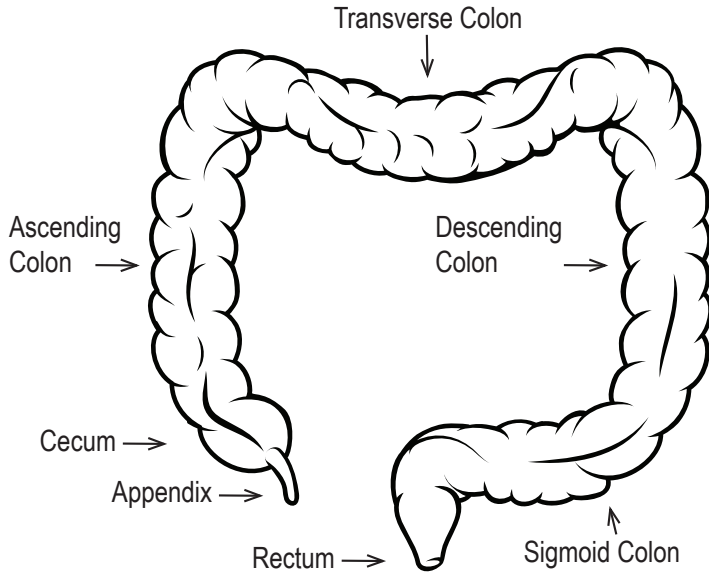


SIGMOIDOSCOPY DISCHARGE INFORMATION

Date: _____ Surgeon/Gastroenterologist: _____ Phone: _____



YOUR INITIAL RESULTS ARE:

- Normal examination
- Specimens Pending: _____
- Other Findings: _____

FOLLOW-UP:

- No follow-up appointment with your surgeon/gastroenterologist is required.
- Call now to schedule follow up appointment with your surgeon gastroenterologist family doctor in _____ weeks
- Other _____

A full report of your sigmoidoscopy will be sent to your family physician.

Sigmoidoscopy Discharge Information



Interior Health
Every person matters

Patient Information

www.interiorhealth.ca

After Your Sigmoidoscopy:

It is normal to:

- have mild cramps, bloating, or gas due to the air put into your bowel during the test. Increasing your movements, such as walking, may help to expel this air.
- have a small amount of blood with your next 1–2 bowel movements; especially if polyps or a small tissue biopsy were removed

You should:

- rest for the remainder of the day
- resume your normal diet and fluid intake
- resume your medications, unless told otherwise by your doctor.

Notify your doctor if you have any of the following:

- Increasing or unrelieved (severe) abdominal pain
- Flu-like symptoms (vomiting, fever, or chills)
- Passing of blood (more than 1/3 cup or large clots) with bowel movements

If outside of office hours, go to the nearest Emergency Department for assessment and treatment.

For general questions or concerns call:

Healthlink BC: 811
Hearing Impaired: 1-866-889-4700
Contact your physician

For emergency concerns:

Call 911 or go to the nearest Emergency Department.

Patient Satisfaction Survey

Please complete our online survey to help us improve our services:

<https://form.simplesurvey.com/f/1/IH-Endoscopy-Patient-Survey>

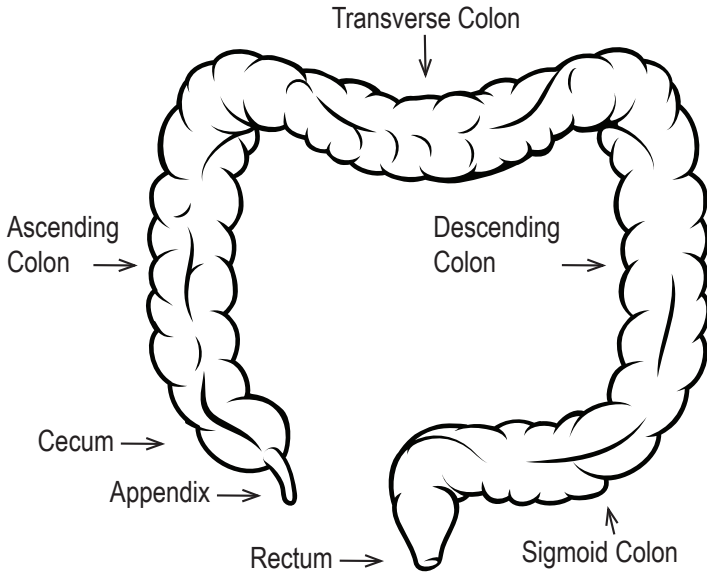


Thank you!

Healthlink BC	Nurse	24 hours a day	Daily	Call 8-1-1 to speak with a nurse, ask a dietitian about nutrition, or a pharmacist about your medication.
Call 8-1-1	Dietitian	9 am–5 pm	Mon–Fri	
	Pharmacist	5 pm–9 am	Daily	
	Hearing Impaired	Call 7-1-1		
www.healthlinkbc.ca				

**SIGMOIDOSCOPY
DISCHARGE INFORMATION**

Date: _____ Surgeon/Gastroenterologist: _____ Phone: _____



YOUR INITIAL RESULTS ARE:

- Normal examination
- Specimens Pending: _____
- Other Findings: _____

FOLLOW-UP:

- No follow-up appointment with your surgeon/gastroenterologist is required.
- Call now to schedule follow up appointment with your surgeon gastroenterologist family doctor in _____ weeks
- Other _____

A full report of your sigmoidoscopy will be sent to your family physician.