Because you have been given something to make you drowsy for the test, it is important that you:

1. Rest quietly for the remainder of the day, with someone to look after you overnight if possible, as you will still be affected by the sedative drugs for up to 24 hours.

2. It is advisable to have the following day off work, but in any event for the first 12 hours following sedation Do Not:
   - Drive a car
   - Drink Alcohol or Smoke
   - Take sleeping tablets
   - Operate any machinery or electrical items
   - Sign any legally binding documents
   - Work at heights (including climbing ladders or onto a chair)

   Sedation can impair your reflexes and judgment.

In order to visualise the bowel properly and make a thorough investigation it is necessary to inflate it with air. This may give you some abdominal discomfort due to flatulence and “wind” type pain this should settle down within a few hours, if the pain becomes more severe, changes in character or is accompanied by bleeding please contact the Endoscopy Suite or 24 hour contact number.

It is not unusual to pass a small amount of blood following this investigation, especially when you first open your bowels again. However, if this becomes excessive, persistent or is accompanied by pain, please call for advice.

Or if you have any problems or queries about your test please telephone the Endoscopy Suite. A report will be sent to your GP within the next few days.

To contact us by telephone:
Monday to Friday 8:30am -5:30pm 01246 512197

If your call is out of these hours please contact our 24 hour contact number 01246 513580

Biopsies / samples taken ……………………………………………………………………………………..

Any specimens that were taken will need to be reported on by the laboratory which takes approximately ……………………. The results of any specimens taken are not sent back to the Endoscopy Suite, so please do not telephone us to find out results. The results of any tissue samples taken will be sent directly to your Consultant who will then write to your GP.
If you are taking any blood thinning medication (Warfarin, Clopidogrel, Rivaroxaban, etc.) please recommence.......................... / Dose......................................................

Your follow up ..............................................................................................................................................