



hours if no result.

www.fairfaxcolorectal.com

P: (703) 280-2841 **F:** (703) 280-4773

Discharge Instructions for High Resolution Anoscopy

	portant findings include: The exam was normal and no biopsies were taken.
	The exam was abnormal and biopsies were taken. Results will be available in $7 - 10$ days. The office I call you when they are available. If you have not received a call in 14 days, please call the office.
	Home Care: If biopsies were taken and lesions were treated
<u>Pa</u>	in Control:
 -	Prescription e-prescribed/sent to your pharmacy, or; Handwritten prescription(s); you must take to the pharmacy Medication(s) last given@ the surgical center:
•	Next dose of medication(s) to be given @ home:
Us	e the checked pain relievers below as directed by your doctor:
	1-2 tablets every 4-6 hours **This medication is a narcotic and anyone taking a narcotic should not drive or operate any machinery. Narcotic medication may also constipate you. See below for recommendations to avoid constipation. Other side effects are possible-ask your pharmacist for more information.
	Ibuprofen (Advil, Motrin, or any generic): 3 tablets (600mg) every 6-8 hours
	Acetaminophen (Tylenol or generic) 2 tablets (1000mg) every 6 hours (Max Dose in 24 hours= 8 tablets or 4000mg)
	Topical Ointments: Apply to the affected area 3-4 times daily after warm water soaks
	 Lidocaine 5% cream (Recticare) for pain over the counter
<u>Co</u>	nstipation Care:
	Stool Softener: Docusate (Colace) 1-3 capsules (100 mg each) daily and/or 1 capful of polyethylene
	glycol (Miralax) daily Fiber Supplements Paneliher Step 1TDSD 3 times per day OB Matamueil 1, 3tep 3 times per day
Ш	Fiber Supplement: Benefiber 2tsp-1TBSP 2 times per day OR Metamucil 1-2tsp 2 times per day
	mixed in a lot of water or other non-caffeinated drink (approx.8ozs.) o If you have not had a bowel movement by the morning of the fourth day following surgery, take 2 fleet enemas, 1 hour apart (lubricate the tip of the enema well with Vaseline and insert gently). If no result, drink one bottle of citrate of magnesium, which can be purchased at any pharmacy. Following the first bowel movement, you should have a bowel movement at least every other day. If this does not occur

o Eat a regular diet including plenty of fresh fruit and vegetables. Drink 6-8 glasses of water a day.

and/or two days pass after your initial bowel movement, take an ounce of milk of magnesia. Repeat in 6

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<u>Urinating:</u> Patient urinated in pre-op Yes _		
The same muscles need to relax to uring the trouble urinating, take pain medication attempt to relax the bladder and urinate. If you are unable to urinate in the first eight he hours, go to the nearest emergency room or under the same state.	ate and to have a bowel movement. If you are having and/or valium, and sit in a warm tub. While soaking, in into the water. Hours after your surgery, notify the doctor's office. After argent care center. A bladder catheter will be placed and the office to have the catheter removed. Once you have	
started to urinate, drink plenty of water an	nd fruit juices (such as prune juice) after your surgery.	
Driving: No sooner than 24 hours after sto	· · · · · · · · · · · · · · · · · · ·	
■ Tub soaks: 15-20 minutes in warm water so	everal times a day and after all bowel movements.	
 Wound Care: Keep clean and cover with gauze or use panty liner to catch drainage as needed. 		
 Bleeding: Some bleeding is to be expected pressure and contact the office. 	; however, if it is saturating a pad per hour, please apply	
 Cleaning: Warm water on tissue, cotton pa 	ad, shower, warm tub soak or unscented flushable wipes.	
Eating/Drinking: progress to regular diet u	pon discharge.	
Call if fevers over 101, increasing pain, or	pain is not controlled with trying all the above	
recommendations.		
 Post Op Appointment: approximately 3-4 	weeks after surgery.	
Call to schedule 1-	-2 days after surgery.	
-	ness day after your surgery to answer any questions you	
	night have.	
After 4:30pm for emergency issues cont	tact (703) 280-2841 to reach the on-call physician.	
Your procedure was be performed by: Dr		
My post procedure instructions have been explained given to me. I will follow-up with my physician if I h	d to me. I fully understand their content and a copy has been have any questions.	
Nurse Signature & Date	Signature of Designated Responsible Person & Date	

ADDITIONAL INFORMATION

www.fairfaxcolorectal.com: for more procedure information and instructions.
www.fascrs.org
www.aca.org