

EUS (Upper Endoscopic Ultrasound) Prep Instructions

PREP INSTRUCTIONS - Please READ and FOLLOW CAREFULLY!

ATTENTION!

READ ALL THIS INFORMATION NOW!

You may <u>NOT</u> drink anything 4 hours prior to procedure.

Please contact us immediately, or at least two days in advance, at (855)IGH-APPT OR (855)444-2778 IF YOU NEED TO CANCEL OR RESCHEDULE an appointment.

Name:

Appointment Date:

Arrival Time:

Doctor:

Location:

For your safety, all body piercings, including earrings and any metal jewelry must be removed before your procedure.

SEDATION: YOU MAY NOT LEGALLY DRIVE AFTER BEING SEDATED. YOU MUST HAVE A RESPONIBLE ADULT (18+) TO DRIVE YOU HOME. WE CANNOT RELEASE YOU TO YOURSELF OR TO A STRANGER SUCH AS A TAXI DRIVER OR DRIVER SERVICE. We ask that this person **REMAIN IN THE WAITING ROOM** if at all possible. Thank you for your cooperation.

<u>INSURANCE</u>: It is the patient's responsibility to bring his/her insurance card, notify us of any insurance changes & obtain referrals if required.

General Instructions

<u>MEDICATIONS</u>: If you take <u>COUMADIN/WARFARIN</u> or <u>any other blood thinning</u> <u>medication</u> such as Plavix, Persantine, Pletal, Arixtra, Heparin, Aggrenox, Ticlid, Lovenox, Xarelto, Brilinta, Eliquis, Pradaxa or Effient, and have not informed our office, PLEASE CALL US IMMEDIATELY at 855-444-2778.

WEIGHT LOSS MEDICATIONS: Patients taking Adipex (Phentermine) will need to stop 5 days prior to procedure. If you do not stop this medication, your procedure will be subject to cancellation.

If you are a diabetic: Call your doctor who manages your diabetes, tell him/her that you are having this procedure and ask how you should take your diabetic medications before your procedure.

You may take your other medications the day of your procedure as you would normally, unless otherwise instructed. Please bring a list of your current medications.



Please allow approximately 2 hours for your admission, procedure and recovery. We will make every effort to keep your appointment, however, it is sometimes necessary to make adjustments to the schedule due to emergencies or unexpected medical findings. Procedures are also sometimes completed sooner than expected; for this reason we ask that the person responsible for signing you out.

PROCEDURE PREPARATION INSTRUCTIONS

In order for your doctor to perform a complete and thorough exam, it is <u>very important that you follow</u> these instructions closely. Please call our office at (855)444-2778 if you have any questions.

<u>DIET INSTRUCTIONS</u>:

_ Do not eat or drink anything after midnight.

_ You may have a clear liquid breakfast by ______ the day of your test.

<u>CLEAR LIQUIDS INCLUDE</u> coffee and tea without dairy products or creamer; apple, cranberry or white grape juice, carbonated beverages such as Sprite, Coke, Diet Coke, etc; clear broth, bouillon, Jell-O and popsicles – but no red or purple for either of the last two.

STOP DRINKING 4 HOURS BEFORE YOUR PROCEDURE. DO NOT DRINK ANYTHING MORE.

After your procedure: your physician will speak with you after your procedure. You may not remember this because of the sedation you will have received. With your permission, your family or friend responsibile for signing you out may be in the recovery room with you. You will be given printed instructions about resuming your activities and any follow-up care your physician recommends.