

ENDOSCOPIC ULTRASONOGRAPHY EUS

PATIENTS NAME: _____

APPOINTMENT DATE: _____ ARRIVAL TIME: _____

LOCATION: **ST. THOMAS HOSPITAL WEST ~**
1st Floor ~ Admitting and Registration

You may valet @ the Seton Garage. Please see enclosed map for details.

IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE GIVE US 48 HOURS NOTICE TO AVOID ADDITIONAL CHARGES AND ALLOW THIS TIME TO BE OFFERED TO ANOTHER PATIENT.

You will be sedated during this test and will need someone to drive you home. Please bring a responsible person with you who can stay in the waiting area during your procedure. This person will sit with you after the test while you are waking up and will help you in remembering what the doctor tells you. Please plan on staying 2-4 hours. Do not drive or operate machinery until the next day. The medication you will be given will make you sleepy and legally intoxicated.

If you have a living will, please bring a copy with you so that it may become a part of your permanent record.

PLEASE CALL OUR OFFICE AT (615) 383-0165 AND SPEAK WITH A NURSE IF YOU ARE CURRENTLY TAKING ANY OF THE FOLLOWING MEDICATIONS:

| | | |
|-----------------------|---------------------------------------|--------------------------|
| BLOOD THINNERS | PHENPROCOUMON | DIPYRIDAMOLE |
| HEPARIN | LIQUAMAR | PERSANTINE |
| LIQUAEMIN | WARFARIN | BISHYDROXCOUMARIN |
| COUMADIN | PANWARFIN | DHE |
| PLACIX | ANTITHROMBIN-K | |
| CALCIPARINE | ANISINDIONE | |
| HEP-LOCK | MIRADION | |
| DICUMAROL | DIHYDROERGOTAMINE MESYLATE | |

PREPARATION

Seven (7) days before your test do not take any aspirin products. You may take Tylenol.

The day of your test you may take any of your regular medications, except for aspirin, aspirin products or blood thinners,

If your test is scheduled before noon, do not eat or drink anything after midnight the night before your test. You may take any of your regular medications other than the above listed with a small amount of water. If your test is scheduled after noon, you may have a clear liquid breakfast at 7:00am or before. (See the list below.)

If you are diabetic or on insulin, take only one half (1/2) of your regular dosage the morning of the test. If you have any questions regarding this, please call the physician that follows your diabetes. If you have an afternoon appointment and are diabetic you may want to reschedule your appointment time for a morning appointment. If you choose to do so, please call our office at (615) 383-0165, Monday thru Friday, 8:00am-4:30pm, 48 hours in advance.

Clear Liquids

- WATER
- ICE
- CARBONATED BEVERAGES (SPRITE, 7-UP, GINGER ALE)
- CONSOMMÉ
- BROTH—CHICKEN OR BEEF
- APPLE JUICE
- GRAPE JUICE (100% ALL NATURAL –WELCHS)
- LEMONADE
- COFFEE (NO CREAM)
- GATORADE
- JELLO—NO RED/PURPLE
- POPSICLES—NO RED/PURPLE
- NO BEVERAGES CONTAINING ALCOHOL