



Digestive Care Center

Rectal Endoscopic Ultrasound Prep

Patient Name: _____ Date of Endoscopic Ultrasound: _____

Arrival Time: _____ which is _____ before your procedure.

Place: Deaconess
Main Lobby
Patient Registration
(812)450-3095

Gateway
Main Lobby
Patient Registration
(812)842-2000

St. Mary's Hospital
Main Lobby
Patient Registration
(812)485-4806

Preparing for your Rectal Endoscopic Ultrasound:

Please notify us if you are a diabetic or taking any **blood thinning** medications, (examples: Aspirin, Coumadin, Plavix).

You will need to give yourself 2 enemas one hour before leaving home – insert one and hold then give the other and release.

***Please call if you have a latex allergy as soon as possible.**

** ***Please note: Some insurances do require outpatient precertification. It is your responsibility to notify us if precert is required for your procedure.***

IF YOU HAVE ANY QUESTIONS PLEASE CALL 477-6103

Thank You