



Digestive Care Center

Endoscopic Ultrasound Prep

Patient Name: _____ Account # : _____

Date of EUS: _____ Physician: _____

Arrival Time: _____ which is 1 hour before your procedure.

Place:	Gastrointestinal Endoscopy Center	Deaconess	Gateway	St. Mary's Hospital
	Suite 110 West (FIRST FLOOR)	Main Lobby	Main Lobby	Main Lobby
	801 St. Mary's Dr., Evansville	Patient Registration	Patient Registration	Patient Registration
	(812)477-6103	(812)450-3095	(812)842-2000	(812)485-4806

****Because of the medications you will receive, You must have someone accompany you that can stay in the Endoscopy Center waiting room while you have your procedure and drive you home after the procedure.***

Please bring with you any x-ray films that may have been taken relating to this appointment.

Preparing for your Endoscopic Ultrasound:

Please notify us if you are taking any **blood thinning** medications, (ex: Coumadin, Aspirin, Plavix). You must **STOP** taking Coumadin 5 days and Plavix 7 days prior to your procedure.

ALWAYS check with the physician managing your medication before stopping any blood thinning or diabetic medications.

No solid foods after midnight. You may drink clear liquids up to **6 hours** before your procedure, (examples – Fat free broth or bouillon, plain gelatin desserts, gingerale, ice tea, coffee, kool-aid, clear fruit juices, Hi-C, carbonated beverages, (i.e. Coke, Sprite, Pepsi). Please avoid liquids containing red, purple or orange dye. **No** milk, orange or tomato juice.

You must take any heart, blood pressure or seizure medication that you normally take with a small sip of water the morning of your procedure.

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

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REV: 2/2012