

EUS PREP (ENDOSCOPIC ULTRASOUND)

INTERNAL MEDICINE ASSOCIATES * 8895 BROADWAY * MERRILLVILLE, IN 46410

Scheduling Dept. Phone: 219-736-4219 IMA-MED.COM

DATE OF PROCEDURE: _____ LOCATION OF PROCEDURE: _____

ARRIVE AT THE FACILITY: _____ FACILITY WILL CALL YOU WITH AN ARRIVAL TIME

- You **must** have a driver present at all times at the facility who will take you home.
- Public transportation or cabs are not allowed.

Blood Thinner Medications:

If you take a blood thinner, notify Internal Medicine Scheduling Dept. for your Special Instructions (Coumadin, Plavix, Brilinta, Eliquis, Lovenox, Xarelto, Aggrenox, Effient, Pradaxa, Zontivity or Savaysa).
You may stay on your Aspirin.

PREP INSTRUCTIONS:

- **DAY OF YOUR PROCEDURE** _____ (DATE)
 - **NOTHING TO EAT** after 12 midnight the day of the procedure.
 - **YOU MAY HAVE CLEAR LIQUIDS UP TO 3 HOURS BEFORE YOU ARE TO ARRIVE AT THE FACILITY.** Do **NOT** drink any dairy products, smoothies or anything containing artificial red dye. Please see additional page "Just what is a Clear Liquid".
 - **IF YOU ARE A DIABETIC**
 - Do **NOT** take insulin or other diabetes medication the morning of the procedure. Please check your blood sugar the morning of the procedure and report it to the nurse.
 - **IF YOU ARE ON BLOOD PRESSURE OR HEART MEDICATION**
 - Take your blood pressure and/or heart medication as prescribed **4 HOURS BEFORE** the procedure.