

***it is your responsibility to read these instructions***

- We require a forty-eight (48) notice of cancellation. Please note that if you cancel your procedure we may not be able to re-schedule for several weeks.
- Please arrive twenty (20) minutes prior to your procedure time in order to be prepared by pre-procedure staff.
- If you are planning on having IV (intravenous) sedation "twilight" ***do not eat or drink anything for six (6) hours prior to your procedure.*** If you are on daily medications, you may take them the morning of the procedure with a small sip of water.
- You will be ***required*** to have a ride home regardless of local or IV sedation. If you do not have a ride present, your procedure will be cancelled.
- Stop NSAIDs (non-steroidal anti-inflammatories) such as Motrin, Advil, ibuprofen, Aleve two (2) days prior to procedure.
- Stop Aspirin (baby aspirin 81mg or 325 mg) five (5) days prior to procedure. However, if this medication is ***prescribed*** by a physician/cardiologist, we require their approval before you stop this medication.
- If you are on any other blood thinning medications such as Coumadin, Plavix, Lovexon, or Pradaxa, we will need to obtain a blood thinner clearance from your prescribing physician. Please contact our office at 630-967-6000 and request to speak to a nurse for blood thinner clearance instructions. ***Do not go off any blood thinners without written approval by the prescribing physician.***
  - We will request a seven (7) day period for you to be off Plavix.
  - We will request a five (5) day period for you to be off Coumadin and will need a PT/INR the day of the procedure with results of INR less than 1.2 in order to proceed.
- If you are sick or on antibiotics prior to your procedure, please contact the office to speak to a nurse. Depending upon your illness, we may request that you re-schedule when you are not ill or on antibiotics.
- You are to make a follow-up appointment with our office post-procedure. If you will be following up with your primary or a surgeon post-procedure we request that your physician fax a copy of their follow-up note to our office at (630) 428-3971.