



## PRE-PROCEDURE INSTRUCTIONS FOR IVUS PROCEDURE

- ☐ LOCAL    ☐ LOCAL/ORAL    ☐ LOCAL-IV SEDATION  
☐ DIAGNOSTIC    ☐ STENT    ☐ DIAGNOSTIC WITH STENT

Name: \_\_\_\_\_ Type of Procedure: \_\_\_\_\_

DOB: \_\_\_\_\_ Procedure Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

### NOTE: YOUR PROCEDURE TIME IS SUBJECT TO CHANGE.

If you have chosen to take oral or IV sedation:

- You CANNOT drive after your procedure. Make arrangements for transportation and a responsible adult to take you home from your office. **You must have a responsible adult stay with you and monitor your condition for:**

- ☐ **8 HOURS AFTER YOUR PROCEDURE IF YOU HAD ORAL SEDATION**
- ☐ **24 HOURS AFTER YOUR PROCEDURE IF YOU HAD IV SEDATION**

- ☐ You may have a light meal 4 hours prior to your procedure.
- ☐ **DO NOT eat or drink** for 8 hours prior to your procedure.

- You may take all of your routine medications with a few sips of water unless otherwise instructed by our staff.

- ☐ If you are **DIABETIC**, DO NOT TAKE METFORMIN (GLUCOPHAGE) the day of your procedure and for 48 hours after your procedure.

- Please discontinue oral anticoagulants such as Coumadin, Warfarin, or Jantoven for three (3) days prior to your procedure and Xarelto, Eliquis, or Pradaxa two (2) days prior to your procedure unless strictly forbidden by your physician (mechanical heart valves only). Please notify us if you have been told that under no circumstances are you to discontinue your anticoagulation. Aspirin and Plavix MAY be continued up to until the day of your procedure. We will instruct you regarding post procedure blood thinner regimen at the time of discharge from our office.
- Be prepared for the length of your procedure to be at least one (1) hour and to spend at least one (1) hour in recovery after your procedure.
- Bring reading material or something else to occupy your time. **Procedure times vary for every patient.**
- We recommend dark-colored pants rather than white or light colors. We will provide you with a gown to wear for your procedure.
- Please leave jewelry and valuables at home. Wear comfortable clothing that is easily changed out of and put on after your procedure.

If you are pregnant or may be pregnant OR are of childbearing age and sexually active, please notify us prior to your arrival. You might sign a waiver prior to any sedation or radiation.

- ☐ Patient instructions were reviewed with patient over the phone. All questions were answered and patient acknowledged understanding of the above.

**(Patient to sign on day of procedure.)**

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## POST OPERATIVE INSTRUCTIONS FOR IVUS PROCEDURE

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

☐ You have a scheduled follow-up appointment with a medical provider on: \_\_\_\_\_ at \_\_\_\_\_ AM / PM.

☐ You have a scheduled follow-up appointment with our ultrasound lab or a follow up ultrasound on: \_\_\_\_\_ at \_\_\_\_\_ AM / PM.

You are required to wear your ACE wrap for 24 hours, then a compression stocking for one week. Your post-op appointment will be scheduled approximately 4 weeks after your procedure at the time of your one-month post-operative ultrasound.

Some discomfort, discoloration, and a small knot at the puncture site is normal. Bruising of the thigh or back of the knee at the puncture site may last between 1 to 2 weeks. Local tenderness is normal and may last up to 1 week. You may notice a dime or quarter sized knot.

Observe the puncture site for bleeding. Sign signs of bleeding include: bruising, firmness of the site, visible blood, and swelling.

If any of the above are encountered and you can control with manual pressure, call our after-hours patient assistance phone at 239-297-7837. If at any time you feel you are in immediate danger for whatever reason, **please call 911 immediately or go to the nearest emergency room.**

Keep the site clean and dry. Remove the dressing by moistening the bandage with a wet facecloth or while in the shower after your procedure. Please have a fresh bandage, Band-Aid, and tape available to redress your puncture site as needed. Observe the site and surrounding area for the next few days for any signs of further bruising, swelling, or redness.

Resume all regular medications unless instructed by Dr. Magnant and staff differently. Resume normal diet the day of your procedure, adding 3 to 4 additional 8-ounce glasses of fluids such as water or juice (not soda or caffeinated drinks; no alcoholic beverages) today to help your kidneys flush out the dye used the day of your procedure.

Postop antiplatelet and oral anticoagulants are used to keep stents from clotting and to optimize stent patency (if one was placed). Please follow the checked instructions below carefully:

- ☐ Take 81mg of aspirin every 12 hours (baby aspirin) until you are told differently.
- ☐ Take 4 tablets Plavix 75mg by mouth for the first dose, then 1 tablet daily for 90 days.
- ☐ Take Xarelto 15mg by mouth twice daily as instructed for 21 days (3 weeks) followed by 20mg once daily until instructed differently.
- ☐ Take Eliquis 5mg by mouth twice a day for 7 days, then reduce to 1 Eliquis 5 mg tablet by mouth twice a day until instructed differently.
- ☐ Take Tylenol #3 300-30 mg, 1 tablet every 4-6 hours for pain.
- ☐ Other: \_\_\_\_\_

If you were already taking an anticoagulant preoperatively, please resume your preoperative dose the following day at whatever time you routinely took this medication. Be sure to follow up with your physician who originally prescribed this medication for ongoing monitoring.

- ☐ If you develop heavy bleeding (vaginal, uterine, rectal, upper or lower GI), discontinue your anticoagulant, and call the office immediately. If you are unable to contact the office, please contact your primary care physician or go to the nearest emergency room.
- ☐ If you are receiving oral sedation, you must have a responsible adult to drive you to and from the facility and remain with you for four (4) hours.
- ☐ If you are receiving IV sedation, you must have a responsible adult drive you to and from the facility and remain with you for 24 hours.

\_\_\_\_\_  
Patient or Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness