

ENDOSCOPIC ULTRASOUND (EUS) PREPERATION INSTRUCTIONS

GENERAL INFORMATION

EUS is an outpatient procedure that uses a thin, flexible, lighted tube with a small ultrasound probe attached to the end (echoendoscope). The procedure usually takes 15-45 minutes. Endoscopic Ultrasound is a safe procedure, but rare complications can occur, including bleeding, perforation of internal organs, or reactions to the sedation medicine.

During the procedure, you will be lying on your left side and you will be sedated with intravenous medicine. The doctor passes the endoscope through the mouth, esophagus and stomach and into the duodenum. The tube will not affect the patient's ability to breathe normally. Once in place, the ultrasound probe at the end of the endoscope uses sound waves to create images of the pancreas and surrounding structures.

After the procedure, you may feel abdominal pressure or bloating because of air that was introduced during the procedure. This will disappear relatively quickly with belching and passage of gas. Your throat may be slightly sore, but you should be able to eat a regular diet.

ENDOSCOPIC ULTRASOUND PREPARATION

- Do not stop prescription medicines unless directed by your doctor.
- **If you take Aspirin, Plavix (clopidogrel), Coumadin (warfarin), or Pradaxa (dabigatran etexilate mesylate), please discuss with your doctor.**
- If you have **DIABETES**, take only half of your usual dose of diabetes medicine on the day of your endoscopy. If you have questions, please discuss this with one of our doctors.
- **STOP EATING 8 HOURS BEFORE THE PROCEDURE.** Drinking clear liquids is okay until 4 hours before the procedure. *Nothing by mouth after _____.

Because of the sedation, you are not permitted to drive, operate machinery, drink alcohol, or sign legal documents for at least 12 hours after the procedure. **PLEASE PREARRANGE FOR A RESPONSIBLE ADULT TO DRIVE YOU HOME.** Use of an Uber, Lyft, taxi or public transport service will not be permitted without an accompanying adult. You can plan on being discharged approximately one hour after the start of your procedure; therefore, we kindly ask that your driver remain in our office.

YOUR PROCEDURE IS SCHEDULED

with Dr. _____ at _____ on _____ (mo/d/yr), at:

- Stafford Hospital: 101 Hospital Center Blvd, Stafford, VA 22554
(Call Stafford Hospital 5 days prior to your procedure to pre-register at 540-741-2000.)
- Alexandria Hospital 4320 Seminary Road, Alexandria, Endoscopy Services to the left of Visitor's Entrance

****** PLEASE ARRIVE AT _____ ON THE DAY OF YOUR PROCEDURE ******

Have questions? Please call the Woodbridge office: **703-580-0181** and speak with a Procedure Scheduler.

If it is after normal office hours, and you have an urgent question that can't wait until the following business day, you may call the office and be connected to the physician on call.

IF YOU NEED TO CANCEL YOUR PROCEDURE, we require a 7-business day notice. Failure to inform us by: _____ will result in a **three hundred-dollar (\$300) charge.**

Print Patient Name

Date of Birth

Patient Signature

Date