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**For Scheduling Changes,
Call 329-4600**

**For Scheduling Changes,
Call 884-4567**

Upper EUS (Endoscopic Ultrasound) PREPARATION

Patient Name _____ Appointment Date _____

Where to go for your procedure?

Washoe Medical Center South Meadows
10101 Double R Blvd
Reno, NV 89521

Check-in Time _____

Your Physician has decided that an EUS examination is necessary. To achieve a thorough and safe examination it is required that your stomach be empty. Food particles inside your stomach can hide important conditions that may be present. Retained food in your stomach at the time of the procedure can also place you at risk for aspiration of stomach contents into your lungs. Therefore, it is very important that you follow the instructions below as carefully as possible. If you have any questions, please call our office prior to your examination so we may address any of your concerns well ahead of time.

Special Considerations:

If any of the following apply to you, please let us know well in advance of the examination (at least 2 weeks prior to your appointment date) so that we can be prepared and provide special instructions:

- **You take Coumadin or Warfarin (Blood thinner)**
- **You have an artificial heart valve or other condition requiring antibiotics**
- **You have diabetes**
- **You have a Latex allergy or sensitivity**

Special Instructions:

Please visit our website to learn more about EUS: http://www.giconsultants.com/eus_info.html

10 days before the procedure: ____/____/____

- Stop any non-steroidal anti-inflammatory drugs (NSAIDS) such as Advil, Aleve, Anaprox, Daypro, Etodolac, Excedrin, Ibuprofen, Indocin, Indomethacin, Ketoprofen, Lodine, Motrin, Naprosyn, Nuprin, Relafen, etc.
- Stop any aspirin products such as Acuprin, Bayer Aspirin, Bufferin, Ecotrin, Salsalate, etc. Obtain approval from your primary care physician prior to stopping these drugs if you take it regularly or if you have a heart or cardiovascular condition.
- Stop any anti-platelet drugs such as Plavix (clopidogrel), Ticlid (ticlopidine), Aggrenox (Dipyridamole and Aspirin), etc. Obtain approval from your primary care physician prior to stopping these drugs if you take it regularly or if you have a heart or cardiovascular condition.

The day before the procedure: ____/____/____

- You may have your usual diet during the day **but only clear liquids after 8 p.m.**
Foods allowed: water, clear fruit juices (pulp-free, no red or purple), soft drinks (no red or purple), strained soups and bouillon, Jell-O (no red or purple), Popsicles (no red or purple), black coffee or tea, and Lifesavers (no red or purple).
- NO SOLID FOODS OR MILK PRODUCTS ARE ALLOWED**
- Your stomach must be empty when we perform the examination.
- Follow your normal medication schedule with sips of water or other clear liquids

The day of the procedure: ____/____/____

- Do not eat anything before the procedure except for small amounts of clear liquids such as water, clear sodas, clear fruit juices (pulp-free, no red or purple), and bouillon (**absolutely nothing by mouth 4 hours before the procedure**).
- Take your usual a.m. medications (high blood pressure medication, etc) up to 4 hours before the procedure with small sips of water. If you have an early procedure (before 10 a.m.) you should take your a.m. medications right after the procedure.
- DO NOT FORGET TO ARRANGE FOR TRANSPORTATION AFTER THE PROCEDURE, AS YOU WILL BE SEDATED AND UNABLE TO DRIVE FOR THE REMAINDER OF THE DAY.** You can plan to be at the hospital approximately two hours. You will not be able to drive a car, operate any machinery or go to work until the following day. Bring a family member or trusted friend to the procedure with you, as after the procedure the doctor will discuss the results with you but you may be forgetful from the medications given to you during the procedure to make you comfortable.
- Please leave valuables at home.** We are not responsible for valuables brought into the hospital.
- Please be aware** that **nail polish** may be removed during exam for your safety.
- Please be aware** that **dentures** will be removed during exam for your safety.
- If you are coming from **out of town** or staying at some place other than your main residence, please call our office and leave a number where you can be reached.

SEE THE MAP ON THE NEXT PAGE FOR DIRECTIONS

