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## **UPPER ENDOSCOPIC ULTRASOUND INSTRUCTIONS**

WHEN:	
Your procedure is scheduled for:	
DATE	ARRIVAL TIME
	This time has been set aside for you and your physician — There may be some variation in the actual start time of your procedure
WHERE to GO:	
<ul> <li>Candler Hospital – first floor of the Profession</li> </ul>	onal Office Building, 5354 Reynolds Street
<ul><li>Memorial Health University Medical Center 4700 Waters Avenue</li></ul>	– Center for Advanced Medicine Building –
<ul> <li>St. Joseph's Hospital – double doors beside</li> <li>11705 Mercy Boulevard</li> </ul>	the Emergency Room entrance –
INSTRUCTIONS:	
1. Please allow 1½ to 2 hours for your procedure.	
2. NOTHING TO EAT OR DRINK AFTER MIDNIGI	HT on the day before your procedure.
3. On the day of your procedure please take your medications that you normally take with a small	•
4. Please stop taking iron and any NSAIDS (non	steroidal anti-inflammatory drugs) such as
aspirin, Celebrex, ibuprofen, naproxen, Toradol procedure.	l, Lodine, Indocin days before your
5. Please discontinue any herbal supplements and	Vitamin E, days prior to the procedure.
6. Women of childbearing age (< 50 years old) will procedure day.	have a pregnancy test performed on
7. If you are Diabetic – see separate instructions a	ttached
8. If you take any of the following medications, ple	ease STOP taking them as directed below:
<ul> <li>Plavix- STOP taking days before procedure</li> <li>Xarelto -STOP taking days before procedure</li> </ul>	<ul> <li>Phentermine- STOP taking days before procedure</li> <li>Fragmin- STOP taking days before procedure</li> <li>Effient – STOP taking days before procedure</li> <li>Eliquis – STOP taking days before procedure</li> </ul>

Have more questions? Call Freida Carter 912/721-6602 or Kristyn Brown 912/721-6635 or Alfreida Martin 912/721-6661; or Raynelle Cooper 912/721-6627, Billing questions – Call 912/354-9447

PLEASE BRING THIS PACKET WITH YOU ON THE DAY OF YOUR PROCEDURE.