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| PRE-Operative Instructions for  **Radiofrequency Ablation (RFA) – WITH ANESTHESIA** | | | | | | |
| Report To: | Phoenix Heart Vein Center Procedure Check-in | | | 5859 W Talavi Blvd Glendale, AZ 85306 | | SUITE: 165 (North Side) |
| **Phone:** | **602-298-7777 x184** | | | ARRIVAL TIME: | **DATE:** | |
| COVID19: A MASK OR FACE COVERING IS REQUIRED TO ENTER THE CLINIC | | | | | | |
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| **Arrival time** | | | **YOU MUST ARRIVE 30 MIN** **PRIOR TO YOUR PROCEDURE TIME.**  If you are **15 min** or more past your scheduled **arrival** time you will have to **RESCHEDULE** your procedure. | | | |
| **Procedure Duration** | | | * Please allow **1-2 hours** of time in our office. Please also have your **DRIVER** stay on site or close so that they can be here with you **AS SOON AS your procedure is done.** | | | |
| **Compression Stockings** | | | * You do **NOT** need to bring them with you. * We will wrap your leg with an **Ace Wrap** that will stay on 24 hours. * **COST: $15.00/Single or $30.00/Pair** (colors: Black or Beige) | | | |
| **Transportation** | | | * You **MUST have a driver** the day of the procedure as you are not permitted to drive for 24 Hours. Your driver must remain **ON-SITE.** (We have two waiting areas) | | | |
| **Current**  Image result for pill icon  **Mediations** | | | * **Continue taking all your normal medications and supplements unless directed otherwise by your doctor**. | | | |
| **Inhaler**  Image result for inhaler | | | * If you use an inhaler you **MUST** bring it with you to your procedure. | | | |
| **Blood Thinner** | | | * If you are on blood thinners such as Coumadin, Plavix, Xarelto or Aspirin you **DO NOT** need to stop taking them unless specifically directed to do so by your doctor. | | | |
| **Hardware** | | | * If you have any hardware in your body such as a knee replacement, hip replacement or a pacemaker you must take an **Antibiotic** prior to you procedure. Please notify the vein clinic so that a prescription can be sent to your pharmacy. | | | |
| **Bathing/Showering** | | | * Please shower **the day of your procedure** as you will not be able to shower for **24 hours** following. | | | |
| **Lotion/Creams** | | | * Please do not apply any lotions or creams to your legs prior to your procedure. | | | |
| **Clothing** | | | * Wear old, loose and comfortable clothing that is easy to remove and put on. | | | |
| See the source image | | | | | | |
| with anesthesia (sedation):Sedation must be requested and authorized prior to your procedure date. | | | | | | |
| **Eating:** | | * You MUST Fast. You **CANNOT EAT anything AFTER MIDNIGHT.** | | | | |
| **Drinking:** | | * You **CANNOT DRINK anything AFTER MIDNIGHT.** | | | | |
| **Sedation:** | | An Anesthesia provider /CRNA will be on site to give you your IV sedation. Recovery time is generally about **10-15 min.**  **(Anesthesia billing done separately)** | | | | |
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| **CANCELLATION POLICY:** | | | | | | |
| YOU MUST NOTIFY US NO LESS THAN **48 HOURS** PRIOR TO YOUR SCHEDULED PROCEDURE DATE & TIME. ANY CANCELLATIONS MADE WITHIN LESS THAN 48 HOURS ARE SUBJECT TO OUR **$100 CANCELLATION CHARGE**. | | | | | | |

[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiZpPm3vtvRAhUN6GMKHe8IB-oQjRwIBw&url=https://comisumn.com/about-comis/sponsors/medtronic-logo/&psig=AFQjCNH106PLov4Xs-JTcj6giKStrkolgQ&ust=1485371534138671)

