



Endovascular And Interventional Associates

Specializing in Minimally Invasive Diagnosis and Treatment

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PROCEDURE SCHEDULED ON: _____ **AT** _____ **AM / PM**
ARRIVE AT THE HOSPITAL 1 ½ HOURS PRIOR TO YOUR PROCEDURE AT _____.

PRE-OP INSTRUCTIONS FOR _____ GUIDED LUNG BIOPSY

1. TAKE ALL PRE PROCEDURE MEDICATIONS AS PRESCRIBED
 2. IF YOU ARE UNCERTAIN WHEN TO ARRIVE, WHAT MEDICATIONS TO TAKE, OR ARE GIVEN ANY UNCLEAR INSTRUCTIONS, PLEASE CALL THE OFFICE AT (936) 539-4031.
 3. DO NOT EAT OR DRINK ANYTHING AFTER _____ BEFORE YOUR PROCEDURE. YOU SHOULD TAKE YOUR MEDICATIONS AS DIRECTED WITH A SIP OF WATER.
 4. DO NOT TAKE ASPIRIN OR ASPIRIN LIKE PRODUCTS (ADVIL, ALEVE, NAPROSYN, VIOXX, CELEBREX, ETC.) AT LEAST (2) DAYS BEFORE YOUR PROCEDURE. PLAVIX AND PLETAL MAY STILL BE TAKEN BEFORE THE PROCEDURE.
 5. IF YOU ARE ON COUMADIN PLEASE NOTIFY THE STAFF AND FOLLOW THEIR INSTRUCTIONS
 6. PRE-REGISTRATION AND LAB WORK MUST BE COMPLETED 3-5 DAYS BEFORE THE PROCEDURE, PLEASE CALL (936) 539-7117 TO SCHEDULE AN APPOINTMENT.
- ***PRE-REGISTER ON:** _____ **AT** _____ *******
7. HAVE SOMEONE DRIVE YOU TO AND FROM YOUR PROCEDURE.

**** IF YOU ARE DIABETIC: PLEASE NOTIFY THE STAFF OF ALL THE TYPES OF MEDICATIONS YOU ARE TAKING, INCLUDING INSULIN, SOME MEDICATIONS MAY NEED TO BE HELD OR CHANGED.**

POST LUNG BIOPSY INSTRUCTIONS

1. AVOID STRENUOUS ACTIVITY OR LIFTING OVER 10lbs. FOR 48 HOURS
2. RESUME TAKING ALL MEDICATIONS AS PRESCRIBED, IF YOU NEED COUGH MEDICINE PLEASE CALL OUR OFFICE.
3. SOME CHEST SORENESS IS EXPECTED AFTER THE PROCEDURE. IF YOU HAVE, SEVERE CHEST PAIN, OR SHORTNESS OF BREATH CALL OUR OFFICE AT (936) 539-4031 GO THE CLOSEST EMERGENCY ROOM OR CALL 911.
4. IF YOU HAVE A CHEST X-RAY THE FOLLOWING DAY, DO NOT LEAVE UNTIL YOU SPEAK WITH SOMEONE FROM A DEPARTMENT.
5. THE RESULTS WILL BE AVAILABLE IN 48 TO 72 HOURS AFTER THE PROCEDURE. CONTACT YOUR PRIMARY DOCTOR FOR THE RESULTS.

PATIENT SIGNATURE: _____