

SanTan

CARDIOVASCULAR CENTER

Phone: 480-632-1577 Fax: 480-632-1574

Mesa

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Suite 117
Mesa, AZ 85212

Gold Canyon

6740 S. Kings Ranch Rd
Suite 103
Gold Canyon, AZ 85118

Chandler

3980 E. Riggs Rd
Building 4 Suite 2
Chandler, AZ 85249

Pre-Catheterization / Angiogram / Procedure Instructions

Name: _____

Facility: _____

Date: _____ Time: _____ **CHECK IN TIME:** _____

1. You will need to have lab work done 3-7 days prior to your procedure. You will be given an order to take to the blood lab with you. You **DO NOT** have fast for these. **DO NOT** do your lab work until you have a procedure date scheduled. The scheduler will tell you when to have the labs done.
2. Nothing to eat or drink after midnight the night before the procedure. If you are scheduled after 1pm you can have a small/light breakfast **BEFORE** 7am, no later.
3. No caffeine 24 hours prior to procedure. The doctor may need to use a medication to evaluate for any blockages.
4. If you take Aspirin, Plavix (Clopidogrel), Effient (Prasugrel) or Brilinta (Ricagrelor) please **DO NOT** stop these unless otherwise directed by the Provider or nursing staff.
5. If you take Coumadin (Warfarin), you will need to **STOP it 3 days before** procedure.
6. If you take Eliquis (Apixaban), Xarelto (Rivaroxaban) or Pradaxa (Dabigatran) please **STOP 24 hours before** procedure.
7. If you take Glucophage, Metformin, Avandamet or Metaglip, you will need to **STOP it 2 days before** procedure.
8. If you take Insulin, you will need to **OMIT** your morning dose unless otherwise directed by the Provider or nursing staff.

9. Any herbs, vitamins or minerals will need to be **STOPPED 3 days before procedure.**
10. Bring a list of all your medications prescribed and over the counter with you to the hospital.
11. Someone will need to drive you home after your procedure, you will not be allowed to drive for 3 days after the procedure.
12. Bring a picture ID and insurance cards with you.
13. Wear comfortable loose-fitting clothing.
14. This is considered "Outpatient" unless you have an angioplasty, stent, or pacemaker implant, then you will be kept overnight.
15. You will need to follow up at the office 2-4 days after your procedure.
16. If your insurance requires Prior Authorization, please allow **at least 2 weeks** for the process to complete. Some insurances take longer.
17. **DO TAKE** all your other medications as you normally would, with a small amount of water, unless otherwise directed by the Provider or nursing staff. **DO NOT STOP ANY PRESCRIPTION MEDICATIONS UNLESS NOTED HERE:**

Please do not hesitate to call the office if you have any questions regarding the above instructions or the procedure itself.

By signing below, I agree that the above instructions have been explained to me and all my questions have been answered to my satisfaction. I also agree that Dr. Zelalem Yilma and Brittany Kormos, NP have discussed the risks with me related to the procedure including but not limited to: bleeding, need for blood infusion, tear of an artery, myocardial infarction, and even death.

I understand all the above and wish to proceed.

Patient Signature: _____

Instructed By: _____ **Date:** _____