

## Radiofrequency Venous Ablation Pre-Procedure Instructions

### Request:

- Please DO NOT to bring children under the age of 10 to the procedure
- Please arrive **30 minutes early** for your scheduled appointment. If you are more than 15 minutes late, you will be rescheduled
- Please arrange for **someone to drive you to and from** the procedure

### Preparing for the procedure:

<b>48 hours before</b>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> take blood thinners such as Warfarin (Coumadin), Eliquis (Apixaban), Xarelto (Rivaroxaban), Pradaxa (Dabigatran Etxilate), Savaysa (Edoxaban) <ul style="list-style-type: none"> <li>◦ <b>Get an INR test 2 to 3 days before your appointment</b></li> </ul> </li> <li>• You may continue Aspirin, Plavix, Brilinta (ticagrelor), or Effient</li> </ul>
<b>24 hours before</b>	<ul style="list-style-type: none"> <li>• <b>DO NOT smoke</b></li> <li>• <b>DO NOT drink alcohol</b></li> <li>• <b>DO NOT</b> eat or drink anything that contains <b>caffeine</b> (coffee, tea, chocolate, sodas, energy drinks, some pain relievers, noncaffeinated, decaffeinated, and caffeine-free products)</li> <li>• <b>DO NOT wear compression stockings</b> one day before and on the day of your procedure</li> <li>• Drink lots of <b>fluids</b></li> </ul>
<b>Morning of appointment</b>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> use any creams, lotions, ointments, oils, or powders over your <b>legs</b> the day of the procedure</li> <li>• Wear loose-fitting comfortable clothing: 2 piece and <b>easy slip-on shoes</b> <b>NO</b> jumpsuits, overalls, or one-piece dresses</li> <li>• <b>DO NOT</b> wear compression stockings</li> <li>• Please bring a list of medications and/or actual bottles (including over the counter and herbal supplements). We need <b>complete</b> medication names &amp; dosages. Please do not assume the doctor's office has your most updated list. <ul style="list-style-type: none"> <li>◦ Sometimes blood pressure medications are combination meds which may include a diuretic. If you have any doubts or are unsure which medications you should take, bring everything with you and we can help you decide which meds to take.</li> </ul> </li> </ul>



- If you use an inhaler, please bring it with you to your appointment
- Please inform **if you are pregnant, breast feeding, or think you may be pregnant.**
- Please inform if you have diabetes or asthma.
- If you are unable to make it to your scheduled appointment, please call 682-499-1777 **at least 24 hours ahead to avoid a \$30 tech fee.**
- If you have a double study and are unable to make it to your scheduled appointments, please call 682-499-1777 **at least 48 hours ahead to avoid a \$80 tech fee.**
- Dr. Viral Lathia will discuss the procedure results

### **Ultrasound Imaging Waiver**

You have been scheduled for an Ultrasound Imaging study. This procedure requires us to schedule a consulting Ultrasound Technologist who charges a fee per ultrasound. By signing this form, I understand that I am responsible for the technologist fee and agree to pay the applicable amount as mentioned above if I do not show up for my scheduled appointment(s) or give a notice to cancel or reschedule.

_____	<b>X</b>	_____	<b>X</b>	_____
Date		Patient Signature		Witness Signature