

Interventional Radiology: Renal Biopsy

Name: _____ **Date:** _____ **Time:** _____ **Buck Pavilion 5**















Arrange for a responsible person to drive you home from the procedure.



Notify your doctor if you use Aspirin, Plavix, Coumadin or other blood thinners.

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5 day before procedure	3 days before procedure	2 days before procedure	Procedure day
<p> Please remember to arrange for a ride home from the procedure.</p> <p> If you are taking Aspirin, Plavix, Aggrenox, or ibuprofen STOP TODAY!</p> <p> If you use Coumadin contact the Anticoagulation Clinic RN or your doctor for instructions to stop. If you have not received these instructions, call the Radiology Nurse at (206) 341-0152.</p>	<p> Remember your ride.</p> <p> If you use Coumadin follow your Anticoagulation nurse or doctors instructions. STOP TODAY!</p>	<p> If you need to change or cancel your appointment please call the Radiology scheduler at (206) 341-0173.</p> <p> You will receive a phone call today from the Radiology RN to go over your instructions and answer any questions you may have.</p> <p>If you live out of town and can be reached on a alternate number, please call and leave that number so the nurse can reach you. THANKS</p>	<p> Take your morning medications with sips of water.</p> <p> No solid food 6 hours before your procedure. You may drink clear liquids up to 2 hours before your procedure.</p> <p> If you are Insulin Dependent, follow your doctors orders to regulate your dose. Do not take diabetic pills in the AM</p> <p> arrive one hour before your scheduled exam.</p> <p> Allow 3 to 4 hours for your recovery.</p>
