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LIVER BIOPSY

PATIENT NAME _____

- 1) YOUR TEST HAS BEEN SCHEDULED AT _____ AT
_____ AM/PM ON _____.
- 2) **DO** NOT EAT OR DRINK FOUR TO SIX HOURS BEFORE THE TEST. IF YOU ARE TAKING DIABETIC MEDICATION BESIDES INSULIN, DO NOT TAKE THIS THE DAY OF YOUR TEST. IF YOU ARE TAKING INSULIN AND/OR ARTHRITIC MEDS PLEASE NOTIFY THE OFFICE SO WE MAY GIVE YOU INSTRUCTIONS ON HOW TO TAKE THIS.
- 3) DO NOT TAKE ANY ASPIRIN OR ASPIRIN EQUIVALENT SUCH AS: NUPRIN, ADVIL, MEDIPREN, IBUPROFEN, ALKA-SELTZER, ETC., FOR ONE WEEK PRIOR TO YOUR BIOPSY.
- 4) **BE SURE TO GET YOUR BLOOD WORK DONE PRIOR TO YOUR TEST. YOU MUST ALSO HAVE YOUR ULTRASOUND TO MARK YOUR LIVER THE DAY OF YOUR TEST. THIS IS REQUIRED FOR YOUR PROCEDURE. YOUR ULTRASOUND IS SCHEDULED AT _____ ON _____ AT _____ a.m. / p.m.**
- 5) YOU WILL NOT BE PERMITTED TO DRIVE THE DAY OF YOUR PROCEDURE AFTER RECEIVING ANESTHESIA/SEDATION. Please make sure to make arrangements for transportation home prior to arrival at our facility. You will also not be permitted to take any public transportation without an adult chaperone. The person driving you home must be at least 18 years old and we would prefer they stay in our waiting room.
- 6) YOU WILL BE AT THE OFFICE APPROXIMATELY ONE TO THREE HOURS.
- 7) BRING AN UPDATED LIST OF ALL MEDICATIONS INCLUDING ALLERGIES.

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