



Attleboro Gastroenterology, P.C.

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LIVER BIOPSY PREPARATION

PREPARATION: 7 DAYS BEFORE YOUR SCHEDULED BIOPSY YOU MUST STOP ALL ASPIRIN AND ASPIRIN CONTAINING PRODUCTS.

DAY OF PROCEDURE

REPORT TO: STURDY MEMORIAL HOSPITAL EMERGENCY ROOM

You may have 8 ounces of **CLEAR LIQUIDS** 2 hours before procedure.
You may take any blood pressure meds at this time.

Plan to be at the hospital for approximately 4-6 hours, you may wish to bring a book to help pass the time.

You **MUST HAVE A RIDE HOME** from the hospital, this person must come inside to pick you up at the Endoscopy/ Day Surgery dept.

You **WILL NOT BE ALLOWED TO DRIVE** or **RETURN TO WORK THAT DAY.**
This is not negotiable. If you **must** take a taxi home **you are required** to be accompanied by a relative of friend.

For your safety, please go home and rest.

Please bring a **current list of medications** that you are taking and bring inhalers if you use them.

If you are **diabetic please check your glucose the morning** of the procedure.

Go to X-ray first at _____

Special Instructions: _____

Your test is scheduled for _____ at _____

Arrive at the hospital at _____

Please call the office with any questions (508) 222-2021