

## ULTRASOUND LIVER BIOPSY

You have been scheduled to have a ULTRASOUND LIVER BIOPSY on the following date and time

After the biopsy, you may have to stay in the hospital on 2E up to 4hours or overnight on another ward.

If you have a question about why you have been scheduled for this exam, please contact your provider.

PLEASE READ THIS LETTER CAREFULLY AND BRING IT WITH YOU ON THE DAY OF YOUR EXAM. IT CONTAINS IMPORTANT INFORMATION.

CANCELLATIONS: If you are unable to keep this appointment, you must call 804.675.5883. Cancellation may lead to a delay in your treatment.

ON THE DAY OF YOUR PROCEDURE \*\*\*\*\*Please report to WARD 2E at 6:30 a.m.\*\*\*\*\*

Please arrange for someone to drive you home after few hours of post procedure observation at the hospital.

If you are on any of the following blood thinning medications, please follow the instructions listed below:

PLAVIX(clopidogrel): Hold 5 days prior to procedure

ASPIRIN: Hold 5 days prior to procedure. IF YOU ARE ALSO ON PLAVIX THEN HOLD ASPIRIN FOR 1 DAY.

LOVENOX(Enoxaparin): Hold 1 day prior to procedure

COUMADIN(Warfarin): Adjust your dose according to your doctor/Coumadin clinic

If you are on any blood thinning medication not mentioned above please call 804.675.3195

DO NOT EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR BIOPSY. Please take all other medications (except blood thinners, Diabetic meds and Insulin) at their normal times with small sips of water.

IF YOU WEIGH OVER 400 POUNDS, PLEASE CALL 804.675.3195

For information please visit the website: [www.radiologyinfo.org](http://www.radiologyinfo.org)

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We appreciate having this opportunity to serve you!

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804.675.5237