

OUTPATIENT ABLATIONS AND EP STUDIES



PATIENT NAME: _____

DOCTOR'S NAME: _____

PROCEDURE DATE: _____ **ARRIVAL TIME:** _____

We understand that this is a stressful time for patients and families. The information provided will help to make this procedure run smoothly and as quickly as possible. Please call with any questions you may have.

Please report to: (See map on back)

**St Vincent Hospital
Cardiovascular Center Bldg,
8333 Naab Road, 1st floor**

- **Enter from Naab Road through Entrance #7**
- **Check in at the Admitting Desk in the Cardiovascular Center.**

**The Heart Center of
Indiana
10580 N Meridian Street (106th
and North Meridian Streets)**

- **Enter at the Main Entrance**
- **Check in at the front desk on the first floor.**

INSTRUCTIONS:

1. Do not eat or drink past midnight before your procedure.
2. You may take your medications the day of the procedure with a small sip of water, unless otherwise instructed by your physician.
3. Bring a current list of your medications with you.
4. **If you are on Coumadin, please stop taking it ___ days before your procedure.**
5. **If you are on insulin or diabetes medications, please do not take it the morning of your procedure, but bring it with you.**
6. Other medications that need to be stopped before the procedure are:

7. Plan to have someone else drive you home after your procedure.

POST OUTPATIENT ABLATION AND EP STUDIES INSTRUCTIONS:

1. Contact our office if painful swelling occurs at the puncture site.
2. If severe swelling occurs, apply pressure to the puncture site and go to the emergency room.
3. You should not do any lifting or participate in any sporting activities for at least 2 days after your procedure.
4. If you have any questions, please call:
