



Dr Alkotob Dr. Abed
Dr. Issawi Dr. Ismail
 6122 West Pierson Rd
 Unit 1
 Flushing, MI 48433
 (810) 600-3399
 (810) 600-3398 Fax

Procedure Prepping

To: _____ Date: _____

Arrangements have been made for your outpatient

_____ Pacemaker implant/explant/GEN change/lead revision/pocket revision

_____ Defibrillator implant/explant/GEN change/lead revision/pocket revision

_____ Loop recorder implant (implant there **1 hr** before procedure, explant **2 hrs**)

_____ SICKD implant/explant/lead revision/pocket revision

_____ EPS w possible device implant

_____ (Date and time of scheduled procedure)

Sign in at the hospital **2 hours** before scheduled procedure _____ A.M / P.M.

_____ McLaren Regional Medical Center, **Patient Registration on the 1st floor**

_____ Hurley Main Floor 1st Floor Admitting

_____ Genesys Regional Medical Center

1. Are you left or right handed?
2. If you take Coumadin or Warfarin **stop** taking it five full days prior to the procedure and you will need to take Lovenox.
3. If you take Eliquis, Pradaxa, Xarelto, or edoxaban (SAVAYSA) **stop** taking it one full day prior to the procedure.
4. If you take aspirin or Plavix, **stop** taking it three full days prior to the procedure.
5. Continue taking all your other medications. Bring your medications (or an updated list) with you the day of your procedure.
6. If you are taking any **diuretics** or medications for **diabetes** (pills or insulin), do not take those medications in the AM of the procedure, unless otherwise instructed by our office. If you are taking insulin, please hold the AM dose.
7. Do not eat or drink after midnight the night prior to the procedure.
8. You may stay one night for observation or you could be discharged same day.
9. Enclosed are the pretest orders to be done 3 to 7 days prior to the procedure.

***Someone must accompany you to the hospital and take you home after the procedure.

*You **HAVE** to call 2 business days before or we will cancel you and give the spot to someone else.