

MICHAEL C. DUFFY, M.D., F.A.C.P, F.A.C.G.  
ATULKUMAR S. PATEL, M.D., F.A.C.P., F.A.C.G.  
MICHAEL E. CANNON, M.D., F.A.C.P.  
DARIUSZ A. LAZARCZYK, M.D., F.A.C.P.  
GEHAD M. GHAITH, M.D., F.A.C.P.  
JARED S. BORTMAN, M.D.  
MARYCONI M. JACOB, M.D.  
KETAN G. RANA, M.D.  
ANDREW M. ANEESI, M.D.



YOUR PROCEDURE MAY BE CANCELLED OR  
DELAYED IF INSTRUCTIONS NOT FOLLOWED.

264 W. MAPLE RD  
TROY, MI 48084-5435  
(248) 273-9930  
FAX: (248) 273-9931  
www.MetroDetroitGastro.com

**Preparation for:**

**ENDOSCOPIC ULTRASOUND (EUS)**

1. Nothing to eat or drink after midnight the night before the procedure, including no gum or tobacco chewing, candy, or mints.
2. No medication after midnight the night before procedure.
3. You may take heart and blood pressure medications with a small sip of water up to 2 hours before your arrival time.
4. **IF YOU ARE ON BLOOD THINNERS (XARELTO, ELIQUIS, COUMADIN, PLAVIX, HEPARIN, LOVENOX, PRADAXA, PLAVIX, BRILINTA) OR IF YOU ARE UNSURE- PLEASE NOTIFY THE SCHEDULER OR PHYSICIAN. IT MAY BE NECESSARY TO STOP THESE MEDICATIONS PRIOR TO THE PROCEDURE.**
5. Tylenol and Aspirin are acceptable for use until the day of procedure.
6. No marijuana use for 24 hours before procedure. Avoid smoking or vaping on day of procedure.
7. You must be accompanied by someone who can stay at facility while you are there. This person must be able to drive you home after the procedure.
8. **IF ANY QUESTIONS ABOUT THE PROCEDURE, PREPARATION OR YOU HAVE TO CANCEL THIS TEST, PLEASE CALL (248) 273-9930 EXT. 3034 OR EXT. 3036**

Report to: \_\_\_\_\_

Date: \_\_\_\_\_

Arrival time: \_\_\_\_\_