



DEPAUL HEALTH CENTER CARDIAC CATHETERIZATION

Your cardiac catheterization has been scheduled at **DePaul Health Center** on

_____ @ _____ am / pm.

You will need to be at the Outpatient Registration by _____ am / pm.

INSTRUCTIONS:

PLEASE NOTE IF FOR ANY REASON THE FOLLOWING STEPS ARE OVERLOOKED IT MAY BE DETERMINED FOR YOUR SAFETY THAT YOU RESCHEDULED THE PROCEDURE.

1. Have **NOTHING** to eat or drink after midnight the night prior to the procedure.
2. **DO NOT STOP** Plavix or Aspirin unless specifically directed by your physician.
3. **STOP COUMADIN (GENERIC NAME IS WARFARIN) 5 DAYS PRIOR TO PROCEDURE.**
******* STOP TAKING COUMADIN ON _____**
4. **IF YOU ARE ALLERGIC TO IODINE OR HAVE HAD AN ALLERGIC REACTION TO X-RAY DYE YOU WILL NEED TO BE PRE-MEDICATED. PLEASE NOTIFY US IN ADVANCE SO YOU CAN BEGIN MEDICATION THE DAY BEFORE.**
5. If you are Diabetic you will want to only take **HALF** of the normal **INSULIN** the morning of the procedure, and **DO NOT** take any of your diabetic pills you are on.
6. **GLUCOPHAGE OR GLUCOVANCE** (which contains glucophage) must be stopped the day of the procedure and for 2 days after. The generic form of glucophage is **METFORMIN**.
7. You may take all other medications that are not required to be taken with food, with small sips of water (if you take diuretics also known as “water pills” you may want to delay taking them until later in the evening for your comfort as you will be on bed rest).
8. You may receive results of your lab work in advance which indicates you may need a medication called Mucomyst. This liquid medication may be taken with juice or soda and assists your kidneys in removing X-ray dye.
9. Please be prepared to spend the night, you will also need someone to drive you home.

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