



GATEWAY REGIONAL MEDICAL CENTER **TEE / CARADIOVERSION**

Your TEE / Cardioversion has been scheduled at **Gateway Regional Medical Center**
on _____ at _____ am / pm.

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

INSTRUCTIONS:

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

1. **NOTHING** to eat or drink after midnight the night prior to the procedure.
2. 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.
3. 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.
4. You will need someone to drive you home after the procedure is done. You will be at the hospital for a few hours.

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