



Patient: _____

Appointment Date: _____ Appointment Time: _____

Instructions for Plug Embolization Procedure

1. You MUST have a driver.
2. Nothing to eat or drink 6hrs before procedure _____.
3. STOP Aspirin or Aspirin affiliated medications five (5) days before your appointment which will be _____.
4. STOP all Blood Thinner medications five (5) days before your appointment which will be _____.
5. STOP Metformin the day of your appointment as well as DO NOT take it the day after your appointment.
6. Take all other medications as directed with a small sip of water.
7. Expect to be at your appointment at least 3-4 hours.
8. Shower/Bathe before procedure due to not being able to do so for 24 hours.
10. Wear loose fitting, comfortable clothing.