



Birns, Gloger, Witten & Bhinder, MD

Patient Name: _____

INSTRUCTIONS FOR LIVER BIOPSY

Date: _____ **Time of Procedure:** _____

Arrival Time: _____ **with Dr.** _____

Location: _____ **Shady Grove Adventist Hospital, Outpatient Surgery Center**
9901 Medical Center Dr, Rockville, MD 20850
Phone Number 240-826-7541

ONE WEEK BEFORE THE PROCEDURE

Please stop the use of Aspirin or Aspirin products if a Doctor has not prescribed them for you. Nonsteroidal products such as Ibuprofen, Relafen, Voltaren, Indocin, Celebrex, and Advil should be used sparingly. In addition, Coumadin (warfarin), Persantine (dipyridamole), Pradaxa, Xarelto, or Aggrenox should be held for 3 days prior to the procedure, In terms of stopping any of these prescriptions, please consult with the prescribing Doctor about your ability to safely hold these medications for the requested time periods. You may take Tylenol as necessary.

You must have someone drive you home. If you plan to take a taxi home, you must have someone accompany you. You will be ready to be discharged 4 hours after your procedure is complete. **Please leave all valuables and jewelry at home.**

Please remember we require 72-hour notice for cancellations or rescheduled appointments. If you fail to give 72 hour notice you may be charged a cancellation fee.

1. Please do not eat or drink anything after midnight prior to the procedure.
2. You will be required to remain on your right side for approximately four (4) hours with sandbags against you to aid in the clotting process.
3. You will be discharged in the early afternoon (around 1:00pm) after a blood test, if you remain stable.
4. You will need someone with you to drive you home after being sedated.
5. You may bring earphones of a personal stereo system for your listening enjoyment, or a book to read.

If any problems or questions arise, please call our office during normal business hours at 301-251-1244, opt 3