

Metropolitan Lithotripter Associates, PC

Pre-Lithotripsy Instructions

The following information concerns your upcoming Lithotripsy procedure. **Please read and follow these instructions closely.**

1. For 2 weeks prior to the procedure, do not take Aspirin or Aspirin containing medications such as Ibuprofen (Motrin), Indocin or Persantine. Please refer to the Medication list attached to the email we sent you for all medications to be avoided. If you do not have this list contact our office and we can supply it for you. If you take any of these medications for your heart or to prevent stroke, consult your family doctor before stopping them.
2. Certain blood tests and other examinations are required within 2 weeks prior to your lithotripsy procedure. These test results must be in our facility at the time of treatment. Please be sure your urologist has either:
 - a. Scheduled testing for you at an independent laboratory
 - b. Arranged testing through your family medical doctor.We will be unable to perform your treatment if these tests are not available.
3. On the day before your procedure (for example, Sunday if your procedure is scheduled for Monday):
 - a. At 4pm take 2 Dulcolax (Biscodyl). Please use the LAXATIVE
 - b. After taking the Dulcolax (Biscodyl) tablets you may have only clear liquids for the rest of the day until midnight. Clear liquids include clear soups, Jell-O, fruit juice, coffee and tea. Be sure to take enough fluids over the course of the evening to prevent dehydration.
4. **DO NOT EAT OR DRINK ANYTHING (including gum or candy) after Midnight before your procedure. If you are on heart, blood pressure or asthma medication, please take your usual morning dose with a sip of water.**
5. A responsible adult (over the age of 18) must be available to meet you prior to discharge to receive discharge instructions and bring you home. Please note that a taxi cab driver does not qualify as a responsible adult.
6. Please bring an interpreter if necessary.
7. A responsible adult must also be at home with you for 24 hours after your discharge.
8. Please bring your insurance card and photo ID.
9. If you have a copay, we accept checks and credit cards. **WE DO NOT ACCEPT CASH.**

I _____ **accept and understand these instructions.**
(print name)

Patient's Signature: _____ Date: _____

Parent, Guardian or Responsible Adult: _____ Date: _____