

*GASTROENTEROLOGY CONSULTANTS  
OF GREATER CINCINNATI*

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**INSTRUCTIONS FOR OUTPATIENT LIVER BIOPSY**

**PLACE: BETHESDA N. HOSPITAL- 10500 MONT. RD-MAIN ENTRANCE**

**DATE:** \_\_\_\_\_

**ARRIVE AT REGISTRATION DESK AT:** \_\_\_\_\_

- **NOTHING TO EAT OR DRINK after midnight the night before your procedure.**
- **NO** hard candy or chewing gum.
- **MEDICATIONS:** In general, all medications should be continued in routine dosage EXCEPT medications that will affect blood clotting. If you are on any sort of blood clotting medication, your physician should approve you stopping the medicine. **Blood work must be completed before your test.**
- **IF CHECKED, follow these specific instructions:**
  - \_\_\_\_\_ Please stop **COUMADIN (Warfarin)** 5 days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
  - \_\_\_\_\_ Please stop **PLAVIX (Clopidogrel)** 5 days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
  - \_\_\_\_\_ Do not take any **ASPIRIN** or anti-inflammatory medications such as **ibuprofen (Advil, Motrin), naproxen (Aleve), celecoxib (Celebrex), valdecoxib (Bextra)** or other arthritis medications for 7 days prior to your procedure. This is not mandatory –ask your physician if you have questions. Tylenol (acetaminophen) is permitted.
  - \_\_\_\_\_ If you are **DIABETIC**, do not take your oral diabetes medications the day of your procedure. Bring them with you so that you can take them after your procedure.
  - \_\_\_\_\_ If you are **DIABETIC** and you take **INSULIN**, take half of your evening dose the day before your procedure. **DO NOT TAKE ANY INSULIN THE MORNING OF YOUR PROCEDURE.**
  - \_\_\_\_\_ Please ask for special instructions if you take **Heparin, Pletal (cilostazol), Ticlid (ticlopidine), Persantine (dipyridamole), Aggrenox** or any other medication that affects blood clotting.

***\*\*\*If you have to cancel your exam, please contact us at least 72 hours in advance as a courtesy to other patients and your physician. There is a \$75 charge if you do not give notice.***

***(513) 794-5600 OHIO (812) 537-5558 INDIANA***

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**YOU WILL BE AT THE HOSPITAL OR OUTPATIENT CENTER FOR APPROXIMATELY 2-4 HOURS. YOU MUST HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME.**

**After your biopsy:**

1. It is common for the biopsy site to be tender for a few weeks. In addition, you may note an occasional sharp pain in your side or shoulder if you take a deep breath, cough, or suddenly change your position. These symptoms are common and should resolve within one to two weeks time.
2. You may NOT take anti-inflammatory agents or anticoagulants (blood thinners) for 1 week after your biopsy. Tylenol is safe to use for pain. You should resume taking all other regularly prescribed medication after the biopsy, unless otherwise instructed.
3. Avoid lifting, pushing, or pulling heavy objects (over 10-15 pounds) for one week after your biopsy.
4. You may resume your usual activities the day after the biopsy, aside from the exceptions mentioned above.
5. If you have worrisome symptoms, urgent questions or other concerns, please contact your physician at 513-794-5600.