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ENDOVENOUS ABLATION PRE-OPERATIVE INSTRUCTIONS
 Please follow instruction to ensure a safe and uneventful procedure.

Name: _____ Today's date: ____/____/____

Your surgery date and time - day one: ____/____/____ @____:____M

Your surgery date and time - day two: (if applicable) ____/____/____ @____:____M

Your surgery date and time - day three: (if applicable) ____/____/____ @____:____M

➤ Make sure all prescriptions for your procedure are filled prior to surgery. (E.g. Valium, Compression stockings)

➤ If you are having the procedure under Valium (diazepam) sedation:

- do not consume alcohol 24 hours before or after your surgery.
- bring the Valium with you, do not take it at home.
- make arrangements to have someone drive you home after your surgery.

➤ Any medication taken on a regular basis should be taken as directed unless otherwise specified by Dr. Artwohl. You do not need to stop Aspirin, Plavix, Coumadin or other blood thinners.

➤ On the morning of your procedure please shower with an antibacterial soap (liquid Dial, etc.).

➤ You may eat a light breakfast the morning of your procedure. Do not drink coffee 4 hours prior to your procedure.

➤ Wear loose, comfortable clothing.

➤ You may wear your contact lenses the day of the procedure.

➤ Bring your compression stockings with you.

➤ You may bring an iPod or other MP3 device if you want to listen to your own music during the procedure.

➤ If you develop a cold or any other illness prior to surgery, notify us immediately.

THANK YOU FOR ENTRUSTING US WITH YOUR VEIN CARE.