

MINNESOTA HEART CLINIC (FV Ridges)  
Instructions for Interventional Radiology Angiogram

1. In preparation for your procedure, we require that you do the following:
  - a. **Nothing** to eat or drink after midnight if your procedure is **before** 12 noon.
  - b. If your procedure is scheduled **after** 12 noon, you may have a clear liquid breakfast before 8:00 am, then **nothing** else to eat or drink.
  - c. **Medication Instructions**
    - Take 1 aspirin 325 mg the day before and the morning of the procedure.
    - Take your medications with small sips of water on the day of the procedure unless listed in the exceptions below:

**Exceptions:**

- Do not take any **diuretic** (water pills) the morning of the procedure.
  - If you are on **Coumadin** contact MN Heart Clinic (952-836-3700 ask for a nurse) **4 days** before the procedure.
  - If you have an **allergy to dye**, contact MN Heart Clinic (952-836-3700 ask for a nurse) **4 days** before the procedure.
- d. Diabetics, in addition to the above medication instructions, please do the following:
    - If you take **Glucophage (metformin)** do not take the morning of the procedure or for 2 days after the procedure. Contact your PrimaryCare MD regarding glucose control for the days you do not take Glucophage.
    - If you are on other **oral diabetic medications** do not take on the morning of the procedure.
    - If you take **Insulin** contact your Primary Care MD for the recommended dosage to take the morning of the procedure.

2. **You will be unable to drive after your procedure; please arrange to have someone drive you home the day of your procedure. You will also need to make sure that there is a responsible adult with you for 24 hours after your procedure. Your procedure will be cancelled if you do not have transportation home or someone to stay with you for 24 hours.**
3. Your procedure will be done at Fairview Ridges Hospital. Please park in the Same Day Surgery Center, which is located in the back of the hospital. Enter at the Same Day Surgery entrance and check in at the desk on the right on: (Date) \_\_\_\_\_ at (Time) \_\_\_\_\_.
4. If you have any questions about your upcoming procedure please contact Minnesota Heart Clinic at 952-836-3700.