



INSTRUCTIONS FOR INTRAGASTRIC BALLOON REMOVAL

Patient Name: _____ Record Number: _____

Your procedure is scheduled for _____. You will receive a call two days before to let you know what time you should be at the endoscopy center.

Please inform us if you are taking medications such as Aspirin, Coumadin, Plavix or any other anticoagulant. It is possible that we tell you to stop them if your primary care physician agrees. Notify us if you have a pacemaker or valve replacement.

You will have to remove the nail polish from at least one finger on each hand. Otherwise we might have to cancel your procedure.

PREPARATION:

- **Three (3) days before the procedure you must be on a LIQUIDS ONLY DIET**
- **You must not eat anything 12 hours prior to the procedure.**
- **The day of the procedure, you must remain fasting.**
- **If you are a diabetic, do not take your diabetes medication until you are instructed to do so.**
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YOU MUST FOLLOW THIS PREPARATION CLOSELY, IF ON THE DAY OF THE PROCEDURE UNDIGESTED FOOD IS PRESENT IN THE STOMACH, WE WILL NOT BE ABLE TO REMOVE THE BALLOON.

You must come in the company of an adult who can drive. We will not be able to perform the procedure if we are not clear on who is responsible to take you home after the procedure.

You can bring a blanket for your comfort. It is not necessary to bring a pillow.

Upon discharge, you will be given instructions on what to do after the procedure.

Patient Signature

Person Providing Instructions