



Heart
Rhythm
Associates, P.A

Ijeoma Ananaba Ekeruo MD
Cardiac Electrophysiology

Clinic - 281.296.0788
Email – info@rhythmcarecenter.org

PATIENT INSTRUCTIONS BEFORE ELECTROPHYSIOLOGY PROCEDURE

PATIENT NAME: _____

PROCEDURE DATE : _____

DAY BEFORE THE PROCEDURE

- The hospital will call you the afternoon prior to your procedure to give you an exact arrival time.
- Based on the information we have now, your expected arrival time is _____
- Bring an overnight bag/toiletries with you in the event you stay overnight in the hospital.
- Nothing to eat after midnight! Clear liquids are allowed until 4 HOURS prior to arrival.

ON THE DAY OF YOUR PROCEDURE:

- Do not take any medications the morning of your procedure
- Arrive on an empty stomach

STOP THE FOLLOWING MEDICATION ____ DAYS PRIOR TO YOUR PROCEDURE

1. _____
2. _____
3. _____
4. _____
5. _____

WHERE TO GO:

- The procedure will take place at _____
Address: _____

- You will check in at the desk in the Cath Lab waiting area.

If you have any questions, contact the Cath/EP lab at _____ or the office at the phone number above.