Gastroenterology of Greater Orlando

*Board Certified in Gastroenterology*

# InterStim Preparation

Procedure Date: _____ Follow Up Date and Time: _____

***The facility will call you with the time 2 business days prior to your procedure date***

| FACILITY | ADDRESS | PHONE# |
|---|---|---|
| ORANGE CITY SURGERY CENTER | 975 Town Center Dr., Orange City | 386-456-5247 |

## What is InterStim?

Medtronic Bowel Control Therapy delivered by the InterStim system controls the symptoms of FI by gentle stimulating the sacral nerve. With this therapy, you may experience fewer episodes, fewer accidents, and more confidence as you get back to the activities you enjoy.

## ***Preparation:***

- No solid food after midnight
- Clear liquids up to 3 hours prior to arrival time. (includes gum and mints)
- 5 days prior to procedure: DO NOT take iron pills or medications that may cause bleeding. These medications may include: Plavix, Coumadin, & Aspirin. You MUST stop any anti-inflammatory type drugs including: Aspirin, Ibuprofen, Motrin, Advil, Naprosyn, Naproxen, & Diclofenac.
- Dress comfortably
- **You must have a friend or family member drive you to and from the facility. NO FORM OF TAXI SERVICE IS PERMITTED.**

***Cancellation Fees:***

**As a courtesy to other patients who are waiting for appointments, we require that you provide us with notice of any cancellation of an appointment. Missed or cancelled appointments are subject to the following fees, which are not covered by your insurance:**

Surgical Center or Hospital Procedure with less than 72 hours' notice..... $75
In-office Procedure with less than 24 hours' notice ..... $50
Office visit with less than 24 hours' notice ..... $25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Please call the office if you have any questions or concerns.

**2884 Wellness Ave**
**Orange City, FL**
**32763**
**(386) 668-2221**

**929 N Spring Garden Ave Ste. 150**
**DeLand, FL 327**
**(386) 469-7993**

**795 Primera Blvd, Ste. 1001**
**Lake Mary, FL 32746**
**(407)749-6656**