



PRE-PROCEDURE INSTRUCTIONS FOR STEM CELL THERAPY

The first step is to determine if you are a good candidate for an adult stem cell procedure. Your physician will want a history of your injury and a physical examination along with any x-rays, and an MRI. While stem cell therapy may be appropriate for certain conditions, it is not applicable for every condition. However, it has proven to be a viable option for several individuals suffering from pain. Good candidates for adult stem cell treatment usually are:

Overview of the Procedure

An adult stem cell procedure harnesses' and amplifies the body's natural mechanism for healing and anti-inflammation. Once you have been identified as a good candidate for the procedure, a member of our team will review the procedure with you and answer any questions that you may have. This mechanism uses adult autologous stem cells, derived from your own bone marrow. In the procedure, the physician will aspirate these cells from your hip (iliac crest), concentrate them, then deliver them back into your body in the area of damage or injury to aid in natural healing. In all, the process takes about 45 min to one hour. Because your procedure will utilize a concentrated serum of your own cells, the procedure is considered "autologous point-of-care".

- If you are taking "**blood thinning**" medications, we must have a letter from the prescribing physician giving permission for you to stop the medication for the appropriate time period. Do not stop your medication until you have discussed this with your prescribing doctor and have written permission.

Injectable Medications:

- Aggrastat (tirofiban) Stop **8 HOURS prior** to procedure
- Angiomax (bivalirudin) Stop **14 days prior** to the procedure
- Arixtra (fondaparinux) Stop **7 days prior** to procedure
- Heparin Stop **24 hours prior** to procedure
- Integrilin (eptifibatide) Stop **8 HOURS prior** to procedure
- Iprivask (desirudin) Stop **14 days prior** to procedure
- Lovenox Stop **24 hours prior** to procedure
- Novastan (argatroban) Stop **14 days prior** to procedure
- Orgaran (danaparoid) Stop **7 days prior** to procedure
- Refluidan (lepirudin) Stop **14 days prior** to procedure
- ReoPro (abciximan) Stop **2 days prior** to procedure

Medications Taken by mouth:

- Aspirin or aspirin containing medications (such as Excedrin) Stop **7 days prior** to procedure
- Brilinta (ticagrelor) Stop **5 days prior** to procedure
- Coumadin (warfarin) Stop **5 days prior** to procedure
- Dicumerol/dicumarol Stop **5 days prior** to procedure
- Effient (prasugrel) Stop **7 days prior** to procedure
- Eliquis (apixaban) Stop **3 days prior** to procedure
- Elmiron Stop **5 days prior** to procedure
- Exanta (elagatran/ximelagatran) Stop **14 days prior** to procedure
- NSAIDs (Ibuprofen, Naproxen, Diclofenac, Aleve, Mortin, Advil, Mobic, Duexis, Zorvolex, Zipsor, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.) Stop **7 days prior** to procedure
- Persantine (dipyridmole) Stop **7 days prior** to procedure
- Plavix (clopidogrel) Stop **7 days prior** to procedure



- Pletal (cilostazol) Stop **7 days prior** to procedure
 - Pradaxa (dabigatran) Stop **2 days prior** to procedure
 - Xarelto (rivaroxaban) Stop **2 days prior** to procedure
 - Ticlid (ticlopidine) Stop **14 days prior** to procedure
 - Vitamin E Stop **3 days prior** to procedure
-
- Do NOT take NSAIDs (Ibuprofen, Naproxen, Diclofenac, Aleve, Mortin, Advil, Mobic, Duexis, Zorvolex, Zipsor, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.) 7 days prior to your procedure and 4 weeks after the procedure (Acetaminophen = Tylenol is acceptable)
 - Do NOT take Vitamin E, Fish oil, Garlic, Ginkgo, Ginseng **7 days prior** to the procedure
 - **Continue to take** your blood pressure pills, seizure medications, asthma medications, thyroid medication, pain medications as prescribed/scheduled
 - You might require pre-procedure blood work or diagnostic tests such as X rays, CT scan, MRI and/or EMG studies
 - If you are allergic to **LATEX**, please tell the physician immediately.
 - If you are allergic to **SHELL-FISH, IODINE CONTRAST, IVP dye or CT scan contrast**, please tell the physician.
 - Please arrive **30 minutes before** your appointment time. This allows us time to complete the necessary paperwork and assessments prior to the procedure. Wear loose fitting clothing the day of your procedure
 - Do not apply powder or cream over the area where the procedure is to be performed
 - For more information, visit our website www.relievus.com or call the office at **(888) 985-2727**

Female Patients

- If you are pregnant or trying to get pregnant, you **MUST** inform us immediately.
- **Urine pregnancy test** will be done prior to the procedure at the facility.

The above instruction was given to me and/or my guardian(s) **at least 72 hours prior to the procedure**. I have read or had read to me the above information including the surgical consent. I have followed the above instruction.

Patient or Legal Guardian's Name: _____

Patient's signature: _____

Date: _____