

# **NORTH VALLEY GI CONSULTANTS**

GASTROENTEROLOGY, PANCREATIC, BILIARY SLIVER DISEASE  
ERCP, CAPSULE ENDOSCOPY, BRAVO PH STUDY AND FIBROSCAN

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## **FIBROSCAN PREP INSTRUCTIONS**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### **On the day of your procedure:**

Do not eat or drink anything 4 hours before your test.

### **When you leave for the procedure:**

- Bring a list of all of your current medications, including any allergy or over-the-counter medications.
- Bring a photo ID as well as up-to-date insurance information, such as your insurance card and any referral forms that might be required by your payer.

### **What is a FibroScan?**

The FibroScan is a non-invasive, pain-free test used to measure the stiffness of the liver in patients with liver disease. Liver stiffness helps your healthcare provider determine the best course of treatment for your disease. The stiffer the liver, the more advanced the liver disease. The FibroScan may also be used to monitor your liver during treatment to track effectiveness.

### **What should I expect during the FibroScan?**

During the exam, you will be lying down on your back with the right arm raised and tucked behind your head. Preparation includes no food or drink 4 hours before the exam and you may wish to wear a looser fitting shirt as the skin covering your right rib cage area will need to be exposed in order to complete the exam. A staff member will place a probe, similar to an ultrasound probe, on your side near where your liver is. That probe sends painless vibration through your body and into your liver. The probe measures how fast it takes the vibration to travel through the liver. The faster it takes the vibration to travel through the liver, the stiffer the liver is. The examination itself takes about 10-15 minutes. You should plan to spend about 45 minutes at the clinic total. You may drive yourself to and from the test.

### **What should I expect after the FibroScan?**

The FibroScan computer will analyze the information from your test. The results will be given to a doctor who will send the results to the ordering physician. We will mail one copy to you and one to the Ordering Physician. Please schedule a follow up appointment with your Referring Physician for the results.

## **Consent**

North Valley G.I. will bill my insurance for payment for the FibroScan. However, I understand that my insurance might consider this exam experimental or may not cover this exam. I understand that I am responsible for the balance due Fibroscan \$ 125.00

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
DATE