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816-781-8400
816-781-8263 (fax)



UROLOGY
SPECIALISTS, P.C.

2700 Clay Edwards Dr.
Suite 300
North Kansas City, MO 64116
816-842-0171
816-842-3582 (fax)

Shock Wave Lithotripsy (SWL) treatment Instructions
Mid America Kidney Stone Association (MAKSA)

The following information is provided by Urology Specialists, P.C. to help you prepare for your shock wave lithotripsy (SWL) procedure to treat your stone. Please read this form and bring it with you to your appointment.

Patient Name _____

Date _____ Check in-time _____ Procedure Time _____

Location: Liberty Hospital	Liberty Surgical Center	North Kansas City Hospital
Patient Registration	834 W Kansas	Main Surgery Check in
2525 Glenn Hendren Dr.	Ste B	2800 Clay Edwards Dr.
Liberty, MO 64068	Liberty, MO 64068	N. Kansas City, MO 64116
816-781-7200	816-883-2004	816-691-2000

1. Bring your most recent x-ray (KUB) with you.
2. Wear comfortable clothing.
3. Do not eat or drink anything after midnight the night before your treatment. If you are taking blood pressure medication or heart medication, do take the medication with a sip of water.
4. **STOP** all aspirin or medication containing aspirin or ibuprofen one week prior to the treatment. Notify us if you are on Coumadin or other blood thinners such as fish oil and vitamin E.
******Your procedure will be rescheduled if these medications are not stopped.******
5. You **MUST** have someone available to drive you home. The hospital/facility will not admit the patient if someone is not available to transport you home after the procedure.
6. You should receive a letter from MAKSA confirming your appointment.
7. Your physician will want to re-evaluate you between 2 and 4 weeks after your procedure. Please schedule a follow up appointment with your doctor with an x-ray (KUB) at this time.
8. Please be sure to bring your pre-treatment x-ray as well as any new films to your appointment.

If you have any questions please call our offices at 816-842-0171 or 816-781-8400

Your follow up visit is scheduled for _____

I have read these instructions, understand them, and have no further questions.

Patient's signature _____

Witness _____