

# THE UROLOGY GROUP

www.urologygroupvirginia.com

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224-D Cornwall Street, NW • Suite 400 • Leesburg, VA 20176 • 703-443-6733 24430  
Stone Springs Blvd • Ste 100 • Dulles • VA 20166 • 571-349-4600 (**pre-op dept**)

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## TRANS RECTAL ULTRASOUND AND PROSTATE BIOPSY INSTRUCTIONS

NAME: \_\_\_\_\_

DATE OF PROCEDURE: \_\_\_\_\_ TIME: \_\_\_\_\_

REPORT TO OUTPATIENT SERVICES AT: \_\_\_\_\_

SURGEON: \_\_\_\_\_

**The time of your procedure may be subject to change depending on the facility. If your scheduled time changes, the facility will contact you and let you know what your new time is and when to arrive.**

You are scheduled to have a **Transrectal Ultrasound and Biopsy of the Prostate** to determine if prostate cancer is present. Complications occur infrequently, but may include infection or bleeding from the area of the prostate or rectum. To minimize the potential for complications, it is recommended that you carry out the following program:

1. If you were instructed to obtain blood work, EKG, chest x-ray or medical or cardiac clearance, please contact your primary care provider to make arrangements.
2. **DO NOT** take any aspirin or aspirin-like compounds for seven (7) days before the biopsy. This includes: Advil, Nuprin, Motrin, Bufferin, Celebrex, Anacin, Vitamin E, multivitamin, or fish oil. This is to minimize the potential for any bleeding. **YOU MAY TAKE TYLENOL.**
3. If you are on any blood thinners, such as Coumadin/warfarin or if you are diabetic, please notify the surgical scheduler.
4. To cleanse the bowel in preparation for surgery, use a plain Fleet's enema the night before the biopsy or 2-3 hours before arrival to the hospital. A Fleet's enema may be obtained over-the-counter at any drug store or grocery store and is accompanied with instructions for use.
5. **DO NOT** eat or drink anything after midnight the night before surgery. You may take any medicines or pills on the morning of surgery with a sip of water.
6. You will receive a prescription or sample for an antibiotic. Bring the antibiotic to the preop area. Take the antibiotic one hour prior to your procedure.
7. A responsible adult will need to provide transportation after the procedure.
8. Our office will obtain any necessary preauthorization from your insurance company. If you have questions regarding coverage/payment, please request the CPT procedure code from our office and call your insurance company.

**Inova Loudoun Hospital**  
44055 Riverside Parkway  
Leesburg, VA 20176  
Pre-op Dept: (703) 858-6768

**Reston Surgical Center**  
1860 Town Center Dr, Ste G100  
Reston, VA 20190  
Please register on the website:  
[www.restonsurgerycenter.com](http://www.restonsurgerycenter.com)

**Inova Loudoun Ambulatory  
Surgery Center**  
44035 Riverside Pkwy, Suite 200  
Lansdowne, VA 20176  
Pre-op Dept: (571) 209-6465  
Please register on the website:  
[www.loudounsc.com](http://www.loudounsc.com)

**StoneSprings Hospital Center**  
24440 Stone Springs Blvd  
Dulles, VA 20166  
Pre-op Dept: (571) 349-4600