

THE UROLOGY GROUP

www.urologygroupvirginia.com

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Stone Springs Blvd · Ste 100 · Dulles · VA 20166 · 571-349-4600 (pre-op dept)

TRANSRECTAL ULTRASOUND AND PROSTATE BIOPSY INSTRUCTIONS

NAME: _____

DATE OF PROCEDURE: _____ TIME: _____

REPORT TO OUTPATIENT SERVICES AT: _____

SURGEON: _____

The time of your procedure may change. If your scheduled time changes, the facility will contact you and let you know what your new time is and when to arrive. PLEASE PLAN TO BE AVAILABLE FOR SURGERY AT ANY TIME THAT DAY*

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, please complete the following:

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 clean the bowel in preparation for surgery, **USE A SALINE 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 for or sample of 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

**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

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