

# THE UROLOGY GROUP

www.urologygroupvirginia.com

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

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## PROSTATE SEED IMPLANT PREOPERATIVE INSTRUCTIONS

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.

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.

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, multivitamin or fish oil for seven (7) days prior to surgery. This includes Advil, Nuprin, Motrin, Bufferin, Ibuprofen, or Anacin. **DO NOT TAKE** Vitamin E, multivitamin or fish oil. These are all blood thinners. **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 one Fleets enema the night before surgery and another one in the morning approximately 1-2 hours before leaving home.
5. You may receive a prescription for a course of antibiotics. Begin taking the medication on the day before the procedure. Continue to take the medication on the day of the procedure with a small sip of water, and continue to take until complete.
6. You will receive a prescription for tamsulosin 0.4 mg to be taken once daily. This medication makes urination easier after the procedure. Begin taking the tamsulosin the day before the procedure, and continue until otherwise told.
7. **DO NOT** eat or drink anything after midnight prior to surgery. However, take both the antibiotic and the Flomax on the morning of the procedure with a sip of water.
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 Hospital Center**  
1850 Town Center Parkway  
Reston, VA 20190  
Pre-op Dept: (703) 689-9005  
[www.restonhospital.com](http://www.restonhospital.com)

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