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| TRANSRECTAL ULTRASOUND REQUISITION | | Patient Information: | |
|  <p>Department of Diagnostic Imaging 310 Juliana Drive Woodstock, ON N4V0A4 Phone: 519-421-4204 Fax: 519-421-4241</p> <p>Central Bookings Phone: 519-537-2381 Fax: 519-421-4238</p> | Name (Last, First): _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F PIN: _____ <small>MMM DD YYYY</small> Address: _____ Phone Number (Home): _____ (Other): _____ Health Card Number: _____ Version Code: _____ | | |
| | Referring Physician or Other Authorized Health Care Provider | | Clinical Information: |
| Name (Please Print): _____ Phone: _____ Fax: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Ordering Physician or Authorized Health Care Provider Signature: </div> Copy to: _____ | | Prostate-Specific Antigen (PSA) level: _____ Rectal Exam: _____ Antibiotics: _____ Patient on Blood Thinners? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume date: _____ <small>MMM DD YYYY</small> Transrectal Ultrasound (TRUS) Biopsy? <input type="checkbox"/> Yes ❖ <input type="checkbox"/> No ❖ If yes indicated, please advise patient on further blood thinner instructions in section below | |

ULTRASOUND BOOKING CANNOT BE MADE UNLESS REQUISITION IS COMPLETED IN FULL
Please submit completed requisition and all supporting documentation by fax to Central Bookings: 519-421-4238

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| Preparation: | |
| ❖ FOR TRANSRECTAL ULTRASOUND WITH BIOPSY | TRANSRECTAL ULTRASOUND (NO BIOPSY) |
| <ol style="list-style-type: none"> The patient MUST refrain from blood thinners (such as Aspirin, Heparin, Plavix or Coumadin) for 10 days prior to appointment. If this is not possible due to risks of being off this type of medication, the ordering physician must discuss other options with the radiologist. Ordering physician should note any alterations from normal practice on requisition so that the technologist is informed for the procedure. The patient may require an INR and PTT blood test in these cases. An antibiotic is required if you are having a biopsy and must be prescribed by your attending physician. Please follow instructions as prescribed by your attending physician. Recommended antibiotic by Radiologist: 4 Cipro 1000 mg. Take one the morning before procedure and then one per day until finished. Fleet enema (purchased at drug store) is to be self-administered at home 2 hours prior to appointment time to clean out lower bowel. Finish drinking two 8 ounce (250 mL) glasses of water 1 hour before appointment. Do NOT void. If proper preparation is NOT followed you may be rebooked. | <ol style="list-style-type: none"> Fleet enema (purchased at drug store) is to be self-administered at home 2 hours prior to appointment time to clean out lower bowel. Finish drinking two 8 ounce (250 mL) glasses of water 1 hour before appointment. Do NOT void. If proper preparation is NOT followed you may be rebooked. <p>NOTE:</p> <p>If patient is having a prostate biopsy with Dr. Violette, <u>follow instructions given from Dr. Violette's office.</u></p> |
| Appointment Date: | Appointment Time: |

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD
Procedure description provided with requisition on page 2 ➡
To cancel or reschedule your appointment please call Central Bookings: 519-537-2381



TRANSRECTAL PROCEDURE AND POST-PROCEDURE CARE

| EXAM | DESCRIPTION | DURATION |
|---|---|----------|
| Transrectal Ultrasound Procedure | <ol style="list-style-type: none"> 1. We will first evaluate your bladder and prostate transabdominally. After taking the appropriate images you will be asked to empty your bladder for the internal portion of the exam. 2. The second portion of the exam is the internal ultrasound to determine the shape and volume of the prostate. It's a more detailed look used to evaluate the presence of any lumps, bumps, shadows or tumours of the prostate. It assists in guidance for needle biopsies of the prostate (if necessary). 3. You will be asked to change waist down into a hospital gown. You will be placed in a side-lying (fetal crouch) position to help get a better view of the prostate. 4. A lubricated slender transducer (probe) is inserted into the rectum to perform the ultrasound. 5. If biopsy is required, a radiologist will perform the biopsy with the assistance of the sonographers. A small needle is passed alongside the probe, through the rectum and into the prostate to take a small sample of tissue under ultrasound guidance. Approximately 8-10 samples of tissue are obtained. The biopsy is well tolerated by almost all patients with patients experiencing very little discomfort. The samples will be sent to our lab and will be examined under a microscope in order to make a diagnosis. 6. The ordering physician will provide you with the results at your follow-up appointment and answer any questions at that time. | 1 hour |
| Post Procedure Care | <ul style="list-style-type: none"> • Normal activities may be resumed after biopsy, although no heavy lifting on day of procedure is recommended. • Please ask your doctor when you may resume your blood thinners. • It is common and normal to see bleeding in the urine, stool or semen after the biopsy. This can be intermittent and can last 2-3 weeks. • If you develop a fever, increasing pain, pass clots, have increased bleeding or any other problems which concern you, please call your doctor or go to the hospital Emergency Department. | |

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS

To cancel or reschedule your appointment please call Central Bookings: 519-537-2381

For any questions regarding Ultrasound please call: 519-421-4204

Please be aware that this is a "Fragrance Free" facility