SOUTHEAST VALLEY UROLOGY A Division of Ironwood Physicians, P.C. 1501 N. Gilbert Rd., Suite 204, Gilbert, AZ 85234 Phone: 480.924.7333 Fax: 480.924.7415

PROSTATIC ULTRASOUND AND BIOPSY APPOINTMENT

	URE IS SCHEDULED FOR: Day:	Date:	Time:
Am/Pm			
	READ THROUGH THIS IN		NTIRELY***
	OF PROSTATIC ULTRASOUND AND BIOPS		
accurately guide a b	rmless sound waves to give us pictures of the pro- piopsy needle into the prostate to take core samp or by elevation of a prostate screening blood tes	les. Indications include suspic	cion of cancer either by a digital
table on your left side finger-like in size an pictures are obtained injection of a local a	one in the office without the need of general anested with your knees bent slightly up towards you not shape, is placed into the rectum by the doctor and. Once that portion of the procedure is complete anesthetic around the prostate. A spring loaded in taking biopsy's from each side of the prostate.	r chest. An ultrasound probe was assistant. With slight movested, the physician will then confine needle will then be placed	with metal needle guide, which is ment of the probe, many different me into the room and give an in the ultrasound guide and the
following the exam should be expected biopsy will not be a	tes 10 to 15 minutes. There is some discomfort of is normal. Sitting in a warm bath or hot tub cour for 5 to 7 days, and you may have blood in the savailable for 7 to 10 days following your procedulations in order for you to come in to receive the	ald help eliminate the discomformer for 3 to 4 weeks following. We will schedule you for	ort. Blood in the urine and stool ing the biopsy. The results of the
Blood in the urine a Infection of the pro	S OF PROSTATE ULTRASOUND AND BIOMAND stool will be noted for a few days following sostate or in the urine can occur even with antibiomails and have severe pain and/or bleeding. Also	the biopsy and could be present tic prescription. You should ca	all our office if you develop a fever
PREPARAT	<u> </u>	IC IILTRASOUNI	D AND BIOPSY: If an
of these instruction	ns are not followed properly, your appointment of TAKE ANY ASPIRIN, NSAID'S (ibu	nt may be cancelled	
	OD THINNER MEDICATION OF ANY I	KIND FOR 7 TO 10 DA	YS PRIOR TO THE
BIOPSY*			Voy oon mysshaga this ayan
the count	ema is required two (2) hours prior to ter at a drug store and will need to follow you drink!		*
	cini patients: Start the TWO prescribed	antibiotics the morning of	of your biopsy and not before
• <u>Dr. Shaba</u>	patients: Start the prescribed antibiotic	the day before your apport	ointment.
• There are n	no dietary restrictions on the day of the b	piopsy.	
	D HAVE SOMEONE DRIVE YOU HO nave someone to drive you after your biopsy, you proce	will need to wait in the waitin	
FOLLOW-UP A	APPOINTMENT for biopsy results:		
Date:	Time:	Am/Pm Office Locati	on: Gilbert

PLEASE NOTE: Payment is required at the time of service for this procedure. Depending on your insurance benefits, if the procedure is applied to your deductible or if there is a co-insurance applied, that amount will be due when you arrive for the appointment. We urge you to contact your insurance to check on the following CPT codes to make yourself aware of what will need to be collected. Our office will contact you a day or two in advance letting you know the approximate amount due. 55700: Prostate Biopsy

76872: Prostate/rectal ultrasound

76942: Ultrasound guide

88305 TC X 12 units: Pathology microscopic exam