**UROLOGICAL ASSOCIATES OF CENTRAL JERSEY, P.A.**

Robert Noh, M.D.

2177 Oak Tree Road, Suite 210

Edison, NJ 08820

(908) 754-2100 Fax (908) 756-0027

***Prostate Biopsy***

The prostate ultrasound and biopsy is a simple and relatively painless procedure which is done much like a rectal exam. A rectal probe visualizes the prostate using ultrasounds, while the doctor takes the biopsies. The tissue samples are then sent to a lab where a pathologist determines the nature of the cells.

***Pre-Biopsy instructions:***

If you are on an ***anticoagulant/blood thinner*** (please see attached list) it is requested that you ***STOP*** taking the medication prior to the procedure. Therefore, it is required that you call the prescribing doctor and receive approval to stop it. There may be instances when your prescribing doctor may not want you to stop it. You may eat and drink as you normally would the day of your biopsy. *You do not have to fast.*

***We have sent the following 2 antibiotic prescriptions to your pharmacy,*** ***Cipro and Clindamycin***

**1 tablet of Cipro 500mg and 2 capsules of Clindamycin 300mg** **TWICE A DAY starting:**

* **The day prior to your procedure**
* **The day of your procedure**
* **The day after your procedure**

You must purchase a ***Fleet Enema*** which is over the counter, and complete the morning of your procedure.

Your post-biopsy visit to review your results will be made the day of your biopsy at the front desk.

***Post- Biopsy Instructions:***

* Refrain from all strenuous activities and sports for 24 hours.
* Increase your fluid intake for the next 2 days to decrease clot formation. Some spotting of the urine, stools and semen may occur during the first week.
* You may experience discomfort in the rectum or base of your penis. This is normal and should be of no concern.
* There are no dietary restrictions.
* You may resume sexual activities once blood has subsided.

However, **IT IS IMPORTANT THAT YOU CONTACT US AS SOON AS POSSIBLE** if any of the following symptoms occur:

* Burning with urination
* Medication reactions
* Chills
* Fever
* Blood clots or excessive blood in the urine or stools.

If these symptoms do occur, then call our office and ask to speak with Caryann, Dr. Noh's nurse. If you call after hours, you will be prompted to Dr. Noh's cell phone number, please leave a message if he does not answer.

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**FOR PATIENTS HAVING:**

**CYSTOSCOPY**

**PROSTATE BIOPSY**

**BOTOX INJECTION**

**SURGICAL PROCEDURES**

**Please follow these guidelines for stopping the below medications prior to your procedure in addition to consulting with your ordering physician.**

|  |  |
| --- | --- |
| **MEDICATION:** | **STOP FOR:** |
| Aggrenox/Dipyradamole | Stop **7** Days Prior to Procedure Date |
| Agrylin/Anagrelide | Stop **7** Days Prior to Procedure Date |
| Aspirin/Ecotrin 325mg (81mg is ok) | Stop **7** Days Prior to Procedure Date |
| Brilinta/Ticagrelor | Stop **5** Days Prior to Procedure Date |
| Coumadin/Warfarin | Stop **5** Days Prior to Procedure Date |
| Eliquis/Apixaban | Stop **7** Days Prior to Procedure Date |
| Elmiron/Pentosan Polysulfate | Stop **1** Day Prior to Procedure Date |
| Fish Oil | Stop **7** Days Prior to Procedure Date |
| Herbs/Supplements | Stop **7** Days Prior to Procedure Date |
| Insulin (for surgical patients only) | Please consult your endocrinologist |
| Juice Plus | Stop **7** Days Prior to Procedure Date |
| Levenox/Enoxaparin/Fragmin | Stop **1** Day Prior to Procedure Date |
| Miradon/Anisindone | Stop **1** Day Prior to Procedure Date |
| Persantine/Dipyradamole | Stop **7** Days Prior to Procedure Date |
| Plavix/Clopidogrel | Stop **7** Days Prior to Procedure Date |
| Pletal/Cilostazol | Stop **7** Days Prior to Procedure Date |
| Pradaxa/Dabigatran | Stop **1** Day Prior to Procedure Date |
| Ticlid/Ticlopidine | Stop **7** Days Prior to Procedure Date |
| Vitamin E | Stop **7** Days Prior to Procedure Date |
| Xarelto/Rivaroxaban | Stop **1** Day Prior to Procedure Date |

**\*AND ANY OVER-THE-COUNTER MEDICATIONS CONTAINING ASPIRIN**

**OR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS\***

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**\* Please be advised this form must be completed & signed in order for procedure to take place.**

**We will not accept an unsigned consent form.\***

**Consent For Transrectal Needle Aspiration of the Prostate**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the above named

procedure may be complicated by a high fever, chills, urinary infection with bleeding, or rectal

bleeding.

Any of the above symptoms may result in the need for emergency hospitalization.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_