



**ANNE ARUNDEL UROLOGY, P.A.**  
Anne Arundel Urological Surgery Center, L.L.C.

**TRANSRECTAL ULTRASOUND  
& PROSTATE BIOPSY**  
PRE & POST PROCEDURE INFORMATION  
& INSTRUCTIONS

Dear: \_\_\_\_\_

You have been scheduled for a :  Ultrasound & Prostate Biopsy OR  Ultrasound Only

Procedure Date: \_\_\_\_\_ Time: \_\_\_\_\_

***Please report to the office fifteen (15) minutes prior to your procedure***

**Procedure Location:** Anne Arundel Urological Surgery Center, LLC  
Weems Creek Medical Center.  
600 Ridgely Ave Suite 223  
Annapolis, MD. 410-266-8049 ext. 420

**Preparation for the Ultrasound Only:** 1. Complete a Fleet enema 2 – 3 hours prior to procedure.  
2. Do not eat anything after you administer the enema.

**Preparation for the Prostate Needle Biopsy:**

1. Please inform us if you normally take antibiotics before procedures.
2. Complete a Fleet enema 2 – 3 hours prior to the procedure.
3. Do not eat anything after you administer the enema
4. **Discontinue the following medications as directed:**

Aspirin 10 days prior

Plavix 7 days prior

Coumadin 5 days prior

**ALL Anti-Inflammatory medications, ALL over the counter medications including vitamins, supplements and herbal remedies must be discontinued 7 days prior (unless you are directed otherwise).**

4. Enclosed is a prescription for an antibiotic. Please take one pill the night before your biopsy and one pill the morning of your biopsy. Then continue to take one pill every 12 hours until all are gone.
5. A staff member from the Surgery Center will contact you prior to your appointment to review your Medical and Surgical History and to review the Medications you are currently taking.

**After Your Biopsy:**

1. **YOU MUST HAVE SOMEONE DRIVE YOU HOME AFTER THE BIOPSY.**
2. **Do not take any blood thinners or medications as listed above in # 3 for 1 week after the procedure.** Check with your physician if you have any questions regarding this instruction.
3. Lie flat for the next 8 hours, then quiet activity for the next 24 hours. Increase your fluid intake.
4. Call the office immediately if you have any of the following:  
FEVER >101° NAUSEA VOMITING CHILLS (Or any other unexpected  
REDNESS DRAINAGE SWELLING BLOOD CLOTS symptoms)
5. You can expect to have some bloody discharge from the rectum (for several days) and possible blood in your semen (for up to 1 month). If there is a large amount of blood or you begin passing clots, please call the office at any hour. The answering service will contact the physician on call if after office hours.
6. You can also expect blood in your urine for up to one month. If the blood increases or contains clots, increase your fluid intake and lie down. If the symptoms persist, call the office.
7. If you are having trouble urinating, try to urinate while sitting in a tub of warm water.
8. If you are still unable to urinate, and are becoming uncomfortable, call the office immediately.
9. A member of our staff will call you the day after the procedure to follow up with you.

**Should you have any further questions, please feel free to call the surgery center between the hours of 8:00 and 4:00 pm and ask to speak to a nurse.**

Date Scheduled: \_\_\_\_\_ By: \_\_\_\_\_

**\*\*\*\*Please note\*\*\*\*There will be a \$50 fee charged for missed procedure appointments not cancelled with at least 24 hours notice. This fee will be the responsibility of the patient and will not be charged to the insurance carriers.**