

# BROWARD UROLOGY CENTER

A Division of 21<sup>st</sup> Century Oncology, LLC

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## *Office Pre-Op Prostate Procedure Instructions*

If you are having a prostate ultrasound and biopsy or marker placement for radiation, just see the instructions below. If you are having prostate surgery, you should have received a list of the necessary preoperative tests that need to be done prior to your scheduled procedure. The tests must be completed and faxed, or hand carried, to our office at least one week prior to procedure. Please bring with you a current list of all medications that you are taking including any vitamins and herbs.

### **PLEASE REMEMBER:**

1. Stop **ALL** blood thinners **and** aspirin products one week prior to the procedure unless otherwise specifically discussed with your urologist. You must discuss this with your ordering physician.
2. You will be given EITHER six tablets of CIPRO 500 mg to be taken **twice daily (morning & night)** OR LEVAQUIN 500 mg to be taken **once daily** on the day before, the day of, AND the day after the procedure.
3. THE EVENING BEFORE THE EXAMINATION, YOU NEED TO TAKE 2 TABLESPOONS OF MILK OF MAGNESIA (which you purchase at the pharmacy) AFTER AN EARLY DINNER. Please follow with 3 to 4 glasses of water throughout the evening to help the laxative work better.
4. TWO HOURS BEFORE YOUR PROCEDURE, YOU NEED TO INSERT ONE FLEET ENEMA INTO THE RECTUM AND EVACUATE AFTER HOLDING FOR AT LEAST 10 MINUTES. A BOWEL MOVEMENT IS **ESSENTIAL** BEFORE THE PROCEDURE.
5. You **MUST** have a light meal on the morning and/or afternoon of the procedure.
6. Take **all** BLOOD PRESSURE and HEART MEDICATIONS as well as any other usual medications on the morning of the procedure.
7. If you have taken any medication for anxiety (Ativan, Valium, Xanax, etc.) prior to the procedure, it is **mandatory** that someone who knows you is available to drive you to and from the office as you will not be in any condition to drive yourself. You will **not** be allowed to take a taxi.

If you have any questions, please do not hesitate to call our office for further instructions.

THANK YOU.

DATE OF PROCEDURE: \_\_\_\_\_

OFFICE:      Main Office (Andrews Avenue)      North Office (Dixie Highway)

TIME OF PROCEDURE: \_\_\_\_\_