



**JACKPERSAD,
& PARTNERS INC.**

**SPECIALIST DIAGNOSTIC
RADIOLOGISTS**

***Patient
Information
Booklet***

www.jackpersad.co.za

Dear Patient

Thank you for using our services.

Kindly be informed of the following important matters before our trained staff attend to you.

1. Medical Aid cards / ID Documents/ Request forms from your doctor and previous X-Rays should be presented.

2. All medical aid patients will be assisted to obtain authorization before procedures/examinations

3. PLEASE NOTE

Duration of procedures/Examinations in the different Modalities (General x-rays, Ultrasound, Mammography, Bone Density , CT / MRI scans , Nuclear Medicine and PET/CT scans may vary from patient to patient. Your turn will follow according to the modality.

After your procedure you will be informed when your results are ready. Your patience for your reports will be highly appreciated.

Thanking you in advance for your understanding & co-operation

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GENERAL INFORMATION

APPOINTMENTS

All patients having special x-ray examinations must be booked in advance, except in exceptional circumstances. At the time of the appointment the procedure must be clearly explained to the patient.

PREGNANCY

Always inform the radiographer if you are pregnant or suspect you might be pregnant prior to the examination. All female patients of child bearing age are required to provide the medical secretary with the date of their last menstrual period on the day of the examination.

CONTRAST MEDIUM STUDIES

Written informed consent must be obtained for all patients having contrast medium studies, prior to the study. All children below 16 years of age require written consent from parent/ legal guardian.

MEDICAL AID PAYMENT AND AUTHORIZATION

All medical aid patients must produce their medical aid card on the day of the examination.

All medical aid patients require authorization from the medical aid before the study is performed. Authorization is obtained by our well trained staff.

It is only when all the necessary information (see below) is obtained can we proceed. Certain medical aids only authorize within 48 hours.

All private patients must be informed of the cost of the examination at the time the appointment is being made.

REQUIREMENTS WHEN MAKING APPOINTMENTS

Medical Aid Patients:

Patient's date of birth

Medical Aid name and number

Patient's contact telephone numbers

A completed request form with sufficient clinical history and signature of the referring doctor.

Referring doctor's practice number

WCA PATIENTS

Patient's full name

Patient's date of birth

Examination required

Region to be x-rayed or scanned must correspond to the region of injury

Completed request form, IOD form (employer's report:WCL2) and 1st medical report must be obtained prior to the examination being done

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If a second scan is required for the same injury, a further motivation must be obtained from the referring doctor as well as authorization from the WCA prior to the scan.

If injury is older than two years, we have to check if the case is still open and obtain authorization from the WCA.

MEDICO-LEGAL PATIENTS

Patient's full name

Examination required

Completed request form from the referring doctor accompanied by letter from the attorneys confirming responsibility for payment for the examination within 30 days .

CASH PATIENTS

All such patients must pay cash on the day of the examination, unless prior arrangements have been made.

PREVIOUS X-RAYS

It is important for you to bring all previous x-rays or scans with you.

CERTIFICATE OF ATTENDANCE

If you require a certificate of attendance for your employer, please inform us.

REPORTING

After all examinations are completed ,the radiologist, will analyse and interpret the images and provide you with images on a CD together with an image formatted on referral quality paper and Report.

AFTER HOURS

Outpatients and casualty patients are immediately liable for after –hours fees, these will be charged accordingly. In patients are also billed an after hours fees – to be paid on discharge.

DRS JACKPERSAD AND PARTNERS – PROTOCOL LIST HOSPITAL IN PATIENTS

Ward patients are booked by the x-ray department for specific time slots.

Kindly send the patient with the porter when he / she comes up to fetch the patient (to be accompanied by a nurse, depending on the patients condition, and if requested by the x-ray depart.)

Necessary for certain procedures – If the patient is unable to come down, the examination will be postponed to the following day as we have other patients booked in subsequent time slots and cannot delay those patients.

Please send down adequately completed request forms (these must have correct pt. sticker ,pt. history, the referring doctors name and must be signed by the person writing the form)

Request forms for examinations that require authorization must be sent down first thing in the morning or as early as possible. Medical aids need to be contacted for authorisation prior to the procedures. Reception staff will endeavour to obtain authorization so that the patient may be done as soon as possible. Sometimes this may not be possible and the wards will be informed accordingly.

Forms sent down late cannot be authorized (due to medical aid call volumes) and the patient will be done the next day – once authorization has been obtained.

In emergency circumstances we will try to accommodate pts (have to liase with radiologist on duty to arrange)

All patients must have ID bands (if we are unable to identify the pt. the x-rays will not be done).

The normal working hours of the x-ray department are from 08h00 to 17h00.

The on-call shift begins at 17h00 up until 08h00 the next morning. Please contact the correct person on call. The call list for the week is sent out on Monday and if any changes are made later on, trauma and switchboard will be informed.

CT WITH CONTRAST

Check for allergies especially Shellfish, Seafood, Iodine , Renal and Chronic illness

Patient to be starved overnight or at least 3 hrs prior to the examination.

Patient to bring old x-rays on the day of the examination

CT PREPARATION FORM - CT SCAN ABDOMEN AND PELVIS

Please note that all CT scan patients must be starved from midnight prior to the examination. Please check for allergies(see above).

PATIENT NAME: _____

TIME OF APPOINTMENT: _____

WARD: _____

The patient is required to drink 1 litre of an oral preparation supplied by the X-RAY department over a period of 1 hour as follows:

1st glass _____

2nd glass _____

3rd glass _____

At this stage please ensure that the patient empties his / her bladder.

The remaining 4th glass should accompany the patient to the x-ray dept.

CT BRAIN/SINUSES/CHEST/SPINE/LIMBS

No special preparation

If the procedure requires intravenous contrast, need to starve for at least 3 hours prior to the examination. You need to inform the receptionist / radiographer if you are allergic to iodine or if there is a possibility of pregnancy.

CT CARDIAC ANGIOGRAM

PATIENT PREPARATION:

Always discuss examination with Radiologist first.

DIABETES / RENAL FAILURE / ASTHMATIC: Check if patient is diabetic / asthmatic or in renal failure.

PATIENT ON METFORMIN / GLUCOPHAGE: Patient must not have the metformin or glucophage 24 hours prior to examination as well as 24 hours after the examination.

BLOOD TEST: Patient must have U & E and creatinine levels done prior to the examination.

ALLERGIES: Please ensure that patients are not allergic to iodine, seafoods, and canned foods or suffer from any other allergies.

NIL PER MOUTH: Patient must have nothing to eat or drink for 3 hours prior to examination.

PREVIOUS X-RAYS: Patient must bring old x-rays on the day of the examination.

HEART RATE: Patient must have a stable heart rate on the day of the examination. The ideal heart rate must be 60 beats per minute or less. If necessary, at the discretion of the referring physician and unless contra-indicated, the patient may be given a beta-blocker and scanned 1hour later.

Please ensure TNT is sent with the patient on the day of the examination.

If patient has had previous coronary surgery, please obtain an operation report from the surgeon.

If you have any queries please contact the department

CT ANGIOGRAM

Discuss examination with radiologist first

Check if patient is Diabetic or in Renal failure

If patient is on Metformin it must be stopped 24 hours before and after the examination (discuss with Radiologist) if Glucophage can be given.

CT VIRTUAL COLONOGRAPHY PATIENT PREP:

PATIENT NAME: _____

APPOINTMENT DATE: _____ TIME: _____

DEPARTMENT: _____

2 DAYS BEFORE EXAMINATION:

Low fibre breakfast ie: thin slice of toast, boiled egg, clear fruit juice

Low fibre lunch ie: instant soup, jelly, clear fruit juice

Lots of clear, non fizzy liquids to drink

At 3pm : 2 sachets of Kleen Prep mixed in 2 litres of chilled water.

Drink 1 glassful every 15 minutes until full 2 litres are finished.

Supper – as for lunch.

DAY BEFORE EXAMINATION:

Low fibre breakfast

Low fibre lunch

At 3pm take a further 2 litres of Kleen Prep

Supper to be clear fluid only ie: soup or fruit juice.

At 6pm take 2 Dulcolax tablets with a glass of water

Nothing to eat or drink after midnight.

DAY OF EXAMINATION:

At 6am take 1 Ducolax suppository

Patient to report to the x-ray department at _____Hrs

Please bring all previous x-rays and scans

MRI PREPARATION:

HOW SHOULD I PREPARE FOR AN MRI EXAMINATION ?

You will typically receive a gown to wear during your MRI examination.

Before the examination you will be asked to fill out a screening form asking about anything that might create a health risk or interfere with imaging.

Items that may create a health hazard or other problems during an MRI exam include:

Cardiac pacemaker or implantable defibrillator

Catheter that has metal components that may pose a risk of a burn injury

A ferromagnetic metal clip placed to prevent bleeding from an intracranial aneurysm.

An implanted medication pump (such as used to deliver insulin or a pain-relieving drug)

A cochlear (inner ear) implant.

Items that need to be removed by patients and individuals before entering the MRI system room include:

Purse, wallet, money clip, credit cards with magnetic strips.

Electronic devices such as beepers or cell phones

Hearing aids

Metal jewellery, watches

Pens, paper clips, keys, coins

Hair barrettes, hairpins

Any articles of clothing that has metal zipper, buttons, snaps, hooks, underwires, or metal threads.

Shoes, belt buckles, safety pins.

Objects that may interfere with image quality if close to the area being scanned include:

Metallic spinal rod

Plates, pins, screws, or metal mesh used to repair a bone or joint

Joint replacement or prosthesis

Metal jewellery including that used for body piercing

Some tattoos or tattooed eyeliner (these alter MR images, and there is a change of skin irritation or swelling; black and blue pigments are the most troublesome)

Bullet shrapnel, or other type of metal fragments

Metallic foreign body within or near the eye (such as object generally can be seen on an x-ray; metal workers are most likely to have this problem)

Dental fillings (while usually unaffected by the magnetic field, they may distort images of the facial area or brain; the same is true for orthodontic braces and retainers)

Small children are managed with oral sedation

MRI BREAST BOOKINGS

Please check if the patient has had any recent surgery or biopsies

If the patient has had any of the above a waiting period of 6 weeks is required before making the booking

MRI PELVIS, ABDOMEN, PROSTATE AND MRCP

Kleen prep and 2 day liquid diet

Nil per mouth 6 hours prior to the examination

MAMMOGRAMS

HOW SHOULD I PREPARE FOR A MAMMOGRAM

Do not schedule your mammogram for the week before your period as your breasts are usually tender during this time.

The best time for a mammogram is one week following your period.

Always inform your doctor or x-ray technologist if there is any possibility that you may be pregnant.

Do not wear deodorant, talcum powder or lotion under your arms or on your breast on the day of the examination.

These can appear on the mammogram as calcium spots.

Describe any breast symptoms or problems to the technologist performing the examination.

Always retain prior mammograms and bring them with you on the day of the examination, so that the radiologist can compare the previous mammograms.

Results are normally given to you on the day of the examination. You need to take these back or get the report to your referring clinician.

BONE DENSITOMETRY

HOW TO PREPARE FOR THE TEST

You will be asked to remove some clothing and wear a gown during the examination. Any metal objects in or on clothing must be removed as this interferes with the examination.

You should not take calcium supplements for at least 24 hours before the examination

It is important to inform the reception staff and radiographer if you have recently had a barium contrast study or have been injected with an iodine contrast medium or had a radio isotope study. A DEXA study will have to be postponed for 10 – 14 days.

Patient with a pacemaker can be scanned.

Infants and children – BMD can be done, 1st check with the radiologist if sedation is needed.

PREPARATION FOR A SCREENING PROCEDURE:

BARIUM MEAL

You should not have foods or fluid by mouth for at least 6 hours prior to the examination.

BARIUM ENEMA

Low fibre breakfast (thin slice of toast, boiled egg, apple juice)

Low fibre lunch (instant soup, jelly lots of fruit juice)

Lots of fluids to drink

No solids to be taken after lunch.

At 3pm, mix 2 sachets of Kleen Prep as follows:

2 Sachets in 2 litres of chilled water or apple juice

Drink a glassful at 15 minute intervals, until 2 litres have been consumed.

Supper to be fluid only (clear soups and clear fluids)

Patient to report to x-ray department at _____ on _____

Please bring all previous x-rays or scans.

Nothing to eat or drink on _____

BARIUM SWALLOW

No preparation is required.

SMALL BOWEL MEAL

Nil per mouth for 6 hours ie: no food or drinks

INTRAVENOUS PYELOGRAM

No food or drink 6 hours prior to the procedure. Inform the receptionist / radiographer of allergies to iodine/seafoods or if there is a possibility of you being pregnant.

PREPARATION OF AN ULTRASOUND

HOW TO PREPARE FOR ABDOMINAL ULTRASOUND?

For ultrasound of other abdominal organs, no preparation is needed.

You will be asked to undress and wear a gown or your clothing will be moved away from the upper abdomen.

You will lie on an exam table, warm gel is applied to the abdomen to help the transducer make contact with your skin.

A radiographer (ultrasonographer) presses the transducer against your skin, moves it back and forth to examine the entire abdomen to obtain the necessary images.

HOW TO PREPARE FOR PELVIC ULTRASOUND?

A full bladder is essential for this examination. Air interferes with sound waves, a distended bladder pushes the air filled bowel loops out of the way and acts as a “window” so that the contents of the pelvis are better visualised.

You will be asked to lie on the examination table with clothing removed from the lower abdomen.

The transducer is placed above the pubic bone to scan the pelvis.

HOW TO PREPARE FOR MUSCULOSKELETAL ULTRASOUND?

There are no special preparations for this procedure.

The area to be examined has to be exposed, and you will need to wear a gown if necessary.

As these examinations require special radiological skills and some are time consuming, booking an appointment is advisable.

HOW TO PREPARE FOR VASCULAR ULTRASOUND?

No special preparation is necessary.

Depending on the region to be examined you may be asked to undress and wear a gown during the procedure.

For non emergency examinations booking an appointment is essential as some examinations are time consuming.

A radiologist who specializes in ultrasound will review the images and issue a report to your referring doctor.

HOW TO PREPARE FOR OBSTETRIC ULTRASOUND?

No special preparations are necessary for an ultrasound during pregnancy, although a full bladder is helpful in very early pregnancy.

HOW TO PREPARE FOR “SMALL PARTS” ULTRASOUND?

There is no special preparations.

The procedure is the same as for other ultrasound examinations.

PREPARATION FOR NUCLEAR MEDICINE STUDIES

HOW TO PREPARE FOR IODINE WHOLE BODY SCAN (PROFILE) FOR CANCER OF THYROID

Eltroxin medication must be stopped for 3 weeks. Do blood TSH levels 3 weeks after eltroxin has been stopped. If blood TSH levels are > 30, schedule scan.

If blood TSH levels are < 30, the following protocol must be followed:

Commence tetroxin therapy (20ug 3 times a day) for 4 weeks.

Wait 10 days post tetroxin therapy and do blood TSH levels. If TSH levels > 30, schedule scan.

Instruction for Women of Child Bearing age

It is desirable that certain precautions be followed after the administration of Iodine – 131. The instructions should be followed for the recommended period following the study.

Drink plenty of fluid for the first 2 days.

No pregnancy is recommended within a year of receiving I-131. Failure to follow this recommendation may result in severe damage to your child's thyroid gland, leading to hypothyroidism. Severe mental retardation may occur if this condition is not diagnosed.

The patient must be certain that she is not pregnant at the time of the administration of I-131.

You will be required to sign an agreement to abide by the above recommendations as a condition for having the study .

HOW TO PREPARE FOR A MUGA SCAN

No special preparation.

Patient is encouraged to wear a top that opens in the front to be able to stick 3 ECG electrodes.

HOW TO PREPARE FOR AN I-123 MIBG SCAN?

The patient must be off calcium channel blockers for 48 hours prior to the administration of the radiopharmaceuticals.

A signed request form from the referring doctor with complete clinical history as well as the medical aid details are necessary to obtain authorization before ordering I-123 MIBG.

I-123 MIBG is produced in Cape Town on Monday evening and is delivered to our department on Wednesday morning before 09H00.

Patient to be on Lugol's iodine (2 drops, 3 times a day) starting 2 days before the day of the examination and to continue the treatment for a week; that is during and after the examination.

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The doctor should prescribe 10mls of the Lugol's iodine, just enough to for 10 days. The Lugol's iodine has a bitter taste in the mouth, you are allowed to put it in some juice or have it with a sweet.

The injection of I-123 MIBG is safe and it will not affect the patient in any way. It will not make the patient drowsy, nauseous or unconscious.

The patient can eat before, during and after the examination.

The patient is scanned between 4 to 6 hours after the examination, and 24 hours later.

A 48 hour scan may be required, depending on the earlier scan.

The whole body will be scanned, which may take an hour or one and a half hours.

The results will be sent to the referring doctor or can be fetched after a few hours.

FOR WOMEN OF CHILD BEARING AGE

You must be certain that you are not pregnant before I-123 MIBG is ordered.

Please notify us if you are pregnant. Scan cannot be done if you are pregnant.

If you are breastfeeding, you have to stop breastfeeding your baby altogether.

HOW TO PREPARE FOR CARDIAC MIBI STUDY

Have nothing to eat or drink after 22H00 the night before the study.

On the morning of the study you may have water, slice of dry bread and a cup of black tea (no milk). Do not take any medication on the day of the scan.

HOW TO PREPARE FOR GFR (GLOMERULAR FILTRATION RATE) STUDY?

The patient does not need to starve. Must be well hydrated.

Also must drink 2 glasses of water or juice before coming to the department.

The patient is injected with Tc99m DTPA into the vein.

No scanning takes place, but blood samples are taken at 1 and 3 hour after the administration of the tracer.

These are analyzed in the laboratory and the results sent to the referring doctors.

The patient's weight and height are essential for the calculation of the GFR.

HOW TO PREPARE FOR INDIUM -111 OCTREOTID SCAN ?

Patient must be off Octreotide or somatostatin treatment for 48 hours before the study.

The patient is scanned between 4 and 6 hours after the examination and 24 hours later.

A 48 hour scan may be required, depending on the earlier scan.

The wholebody will be scanned; which may take an hour to one and a half hours.

FOR WOMEN OF CHILD BEARING AGE:

You must be certain that you are not pregnant before In-111 OCTREOSCAN is ordered.

Please notify us if you are pregnant. Scan cannot be done if you are pregnant. If you are breastfeeding, you have to stop breastfeeding altogether.

HOW TO PREPARE FOR A DMSA SCAN ?

No special preparation.
No starving

HOW TO PREPARE FOR A BONE SCAN ?

No special preparation.

HOW TO PREPARE FOR A DIURETIC RENOGRAM (MAG3 OR DTPA)?

The patient does not need to starve.
Also must drink 2 glasses of water or juice before coming to the department.

HOW TO PREPARE FOR HIDA SCAN

The patient must be starved 4 -6 hours before the study.
Record any pain killers administered in the last 24 hours.
Patient must bring a fatty meal.
Preferable to book the scan in the morning so that there is enough time to do delayed images if needed.

HOW TO PREPARE FOR LYMPHOSCINTIGRAPHY?

No special preparation
Scan needs to be booked early in the morning because imaging may take the whole day and the patient may even need to come back the next day for a 24 hour scan.

HOW TO PREPARE FOR SENTINEL NODE IMAGING?

No special preparation
Scan needs to be booked early in the morning because the patient is booked for theatre immediately thereafter.

HOW TO PREPARE FOR A THYROID SCAN?

No thyroid medication for 3 weeks before study.

Must not consume seafood, cough mixture with iodine before study.

Study to be delayed for 2 weeks post-IV contrast. Preferable to have the isotope thyroid scan done before scan that will require injection of Iodine based contrast media.

Require Thyroid Function Test (TFT) blood results, if available.

HOW TO PREPARE FOR A PARATHYROID SCAN?

No special preparation

Blood parathyroid hormone levels(PTH) required.

**HOW TO PREPARE FOR BASELINE AND POST CAPTOPRIL
RENOGRAMS?**

The patient has to be off ACE INHIBITORS (Captopril, Metformin, Coversyl, Accupril, Zetomax, etc) for 2 days before we do study.

If they are on ENALAPRILS (Pharmapress Renitec, Alapren, etc), they have to be off their medication for 7 days before the study is done.

Please liaise with the radiographer concerning your medication. Your doctor will be notified of this arrangement also.

Scan must be booked early (08h00), because 2 studies are going to be done. The baseline in the morning and post-captopril renogram in the afternoon.

The patient must have a light meal on the day of the scan.

PREPARATION FOR PET/CT SCAN

F18-FDG is a glucose analogue which is simply a radioactive sugar. In order to maximise the uptake of F18-FDG and obtain an optimal PET/CT scan you are required to follow a sugar free and low carbohydrate diet the day before your scan.

This radiopharmaceutical is not registered in the Republic of South Africa yet, even though it is produced here, therefore the Medicines Control Council requires the patient to sign consent allowing us to inject the tracer and also giving us permission to divulge the patient's contact details and medical history to the Council for the purpose of registration of this tracer.

PATIENT MUST BRING OLD X-RAYS AND SCANS FOR ALL PROCEDURES:

DO NOT EAT THE FOLLOWING:

Bread, rice, pasta, potatoes, pies, cakes, cereals, biscuits, chips, roti, sweets, chocolates.

Do not have any sugar and coldrinks, yogurt or fruit juice with added sugar.

FOODS THAT YOU CAN EAT INCLUDE:

Meat, fish, chicken, eggs, cheese, beans, lentils, soya products, fruit and vegetables.

Yoghurt, tea, coffee and milk with artificial sweeteners is allowed.

Drink plenty of water.

OTHER REQUIREMENTS:

Do not perform any strenuous exercises for 48 hours prior to your scan.

If you are diabetic, please note that Glucophage and Metformin must be stopped for 48 hours prior to the scan.

Insulin dependant diabetics must not take any insulin on the morning of the scan.

You can take all other medication.

NB: Please inform us if you are pregnant or breastfeeding before the scan !!

Do not eat and drink anything on the morning of the scan except for unflavoured water.

Please bring all your previous CT, MRI, PET/CT and X-rays with you.

The FDG costs close to R5000.00 and is specially ordered for each patient.

It is therefore imperative that you keep your appointment.

If you fail to do so, you will still be charged for the isotope as it decays rapidly and cannot be used for another patient.

PROTOCOL FOR BOOKING LIVER BIOPSIES

Kindly note that in order to facilitate the booking of liver biopsies, the request forms for liver biopsies are to be accompanied by the patient's latest blood results, namely:

1. Hb
2. INR
3. PLATELETS

On the day of the examination, the patient need not fast.

A signed informed consent is to accompany the patient when he / she comes to the x-ray department for the procedure.

The patient is to be accompanied by a nurse.

The biopsy needle will be provided by the x-ray department.

LIVER BIOPSY TRAY

1 X Utility pack (with either: 1 x Fenestrated towel or 2 x Non-Fenestrated towels)

Surgical gloves size 7

10ml syringe

Green needle

Blue needle

2 x packs gauze

Elastoplast

2 x KY sachets

Local anaesthetic (2%)

1 x specimen bottle with formalin

1 x specimen bottle with saline

1 x specimen bottle – empty

Stitch cutter / No.11 blade

Opsite spray / dressing

Hibitane

Temno needle 18g

Complete lab form and plastic lab bag

Kindly make sure the form is completed with the patient's details as well as lab tests required.

Biopsy needle will be provided by x-ray department

PATIENT: _____

DATE: _____

TIME: _____

POST LIVER BIOPSY OBSERVATIONS:

1. Strict bedrest for 8 hours.
2. Check pulse, BP, temp, respiration and dressing.
 - 1) Half hourly for 2 hours thereafter
 - 2) Hourly for 6 hours
3. Measure abdominal girth upon return to ward after completion of the procedure and check hourly thereafter for 8 hours.

RADIOLOGIST

LIVER BIOPSY:

PATIENT: _____

Have read the instructions and understood

RADIOLOGIST

DATE:

NURSE ACCOMPANYING PATIENT:

REQUIREMENTS FOR PLEURAL OR ASCITIC TAP:

1. Sterile pack – 1 x gown
I – 1 x Fenestrated Towel
11- 1 x Kidney Dish
111- 1 x Gallipot
2. Gloves – Size 6/7
3. KY Jelly Sachets x 2
4. Local Anaesthetic – 2% (Remaïcaine / Lignocaine)
5. Gauze swabs
6. Needles - 1 x Green
- 1 x Blue
7. Syringes - 1 x 20mls
- 1 x 10mls
8. Hibitane
9. Specimen Bottle x 2
10. 20G Spinal needle
11. 1 x small Opsite (Tegaderm)
12. Plastic skin spray

RENAL BIOPSY TRAY

1 x Utility pack (with either 1 x Fenestrated towel or 2 x non Fenestrated towel)
Gown for Doctor
Surgical gloves size 7
10Ml syringe
Green Needle
Blue Needle
Spinal Needle
4 x gauze packs
Elastoplast
2 x KY sachets
Local anaesthetic (2%)
1 x Specimen bottle with Formalin
1 x Specimen bottle with Saline
1 x Specimen bottle – empty
Stitch cutter
2 x No11 blades
Opsite spray
Hibitane
Linen saver

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Consent for procedure must be obtained
Completed lab form and plastic bag
(Biopsy needle will be provided by X-ray Department)
Patient to be accompanied by nurse
Latest blood results – Hb , INR and PLATELETS

PATIENT: _____

DATE: _____

TIME: _____

POST RENAL BIOPSY OBSERVATION CONTROL:

1. Strict bedrest for 8 hours.
2. Check pulse, BP, temperature, respiration and dressing: a) Half hourly for 2 hours thereafter, hourly for 6 hours.
3. Measure abdominal girth upon return to ward after completion of the procedure and check hourly thereafter for 8 hours.
4. Check urine for blood up to 12 hours.

RADIOLOGIST

NURSE ACCOMPANYING PATIENT

RENAL BIOPSY

PATIENT NAME: _____

HAVE READ THE INSTRUCTIONS AND UNDERSTOOD

DATE:

NURSE ACCOMPANYING PATIENT:

LUMBAR PUNCTURE

1. Sterile pack – 1 x Fenestrated towel
1 x Non-Fenestrated towel
1 x Gown
1 x Galipot
1 x Kidney Dish
2. Gloves 1 x size 7
3. Needle 1 x Green
1 x Blue
4. Spinal needle 1 x Black (25g)
5. Hibitane
6. Gauze x 4 packs
7. Opsite Dressing
8. Syringe – 1 x 10ml
9. Local Anaesthetic – 2%
10. Specimen bottles

Form filled by referring Clinician for lab.

AFTER –CARE POST LUMBAR PUNCTURE

Patient to have strict bed rest with head elevated.

Patient may have a meal.

Patient to have lots of fluid to drink.

Referring doctor to be contacted regarding CSF collection.

Any problem please contact the referring doctor.

Post lumbar puncture monitoring to be performed as discussed with accompanying nurse

STEREOTACTIC BREAST PRE-BIOPSY QUESTIONS:

Are you on ant-coagulants?

Are you on any other medication?

Have you had any recent breast surgery – how long ago ?

Have you had any cardiac / valve surgery / pace maker – if yes – antibiotics need to be prescribed

Do you need to take antibiotics if you have recent dental work performed ? – if yes – antibiotics to be prescribed

Have you had a previous biopsy ?

Bring all previous mammogram films when booked for the biopsy

No roll-on, powder, deodorant, perfume

Bring a friend or relative with to drive you home after biopsy

Any allergies

It is important to have a good breakfast

POST STEREOTACTIC BREAST BIOPSY INSTRUCTIONS / CARE

Dressing to remain on for 24 hours

No exercise, carrying of heavy items or children

No strenuous activities for 48 hours

Check for excessive bleeding from biopsy site – if bleeding apply compression to site

Do not wet the dressing site excessively

If you feel pain contact your doctor

Monitor any bruising you may experience

If there are any concerns contact your doctor

Check for discharge / odour – call your doctor if infected

PREPARATION FOR BIOPSY – GENERAL

NAME: _____

WARD: _____

TME: _____

PLEASE SUPPLY THE FOLLOWING:

1. FBC and INR results
2. Utility packs:
 1. 1 x gown
 2. Fenestrated towel
 3. 1 x Gallipot
 4. 1 x kidney dish
3. 2 x 10ml syringes
4. 2 x 21g disposable needle
1 x 23g disposable needle
5. 1 x dressing pack
6. 1 x size 11 surgical blade
7. 18g Temno biopsy needle
8. Tegaderm, elastoplast
9. Sterile gloves size 6.5 and 7.5 and 8
10. Hibitane
11. Anaesthetic eg: Lignocaine 2%
12. Specimen bottles – 1 with Formalin + empty bottle + 1 with saline
13. Gauze swabs x 5 packs
14. Plastic spray

***** NB: CONSENT FORM*****

Completed lab form
Accompanying nurse
Latest blood results – Hb, INR and PLATELTS

PREPARATION FOR ANGIOGRAM

NAME: _____

WARD: _____

TIME: _____

Nil per mouth from midnight prior to examination.

Blood pressure must be monitored for 12 hours prior to examination.

Hypertensive medication must be given as usual.

Diabetic patients to have blood sugar (Glucometer) done on the morning of the examination and to have a 5% dextrose saline drip up .

Omit diabetic medication.

The following bloods need to be done – Hb, Platelets, U & E and INR

Shave the groin area.

Informed consent must be signed and submitted to the x-ray department.

Portable oxygen must be sent.

A trained nurse must accompany patient and stay throughout the examination.

Check if the patient has any allergies especially Seafood or Iodine.

Patient on Metformin: Stop medication 24 hours before and 24 hours after angiogram.

PLEASE SUPPLY THE FOLLOWING:

1. Sterile angio pack (drapes, clips, gown, 2 x gallipots, 3 kidney dishes)
2. 2 x 5ml remicaine (local) 2%
3. 1 x 20 ml syringe
4. 1 x 10ml syringe
5. 1 x 5ml syringe
6. 1 x 15g needle
7. 1 x 21g needle
8. Sterile gloves (size 7.5 and 8)
9. Size 11 surgical blade
10. 1 litre saline
11. elastoplast
12. 6 x gauze swabs
13. Disposable 2 way tap

**NB: AUTHORIZATION MUST BE OBTAINED PRIOR TO EXAMINATION
(MEDICAL AID PATIENT)
PRIVATE PATIENTS MUST BE INFORMED ABOUT THE COST OF THE
EXAMINATION.**

AFTER CARE ANGIOGRAM:

Strict bed rest for 12 hours

BP and Pulse to be checked ½ hourly for the 1st 4 hours, thereafter 1 hourly for the next 8 hours.

Observe the puncture site for bleeding .

If haematoma develops compress and call for the doctor.

Check the pulse distal to the puncture site.

Patient can have meals.

PERM CATHETER INSERTION:

1. Angio pack (to collect from CSSD)
2. Suture pack (to collect from Casualty)
3. Hibitane
4. Lignocaine 20mls
5. Syringes - 20cc X 1
10cc X 1
2.5 / OR 3.0 CCX x 1
6. Needles 2 Green
1 Blue
1 21 G spinal needle
7. Blade Size 11
8. Sutures 3/0 Silk
9. Opsite Dressing
10. Heparin

JACKPERSAD AND PARTNERS INC.
Diagnostic Radiologists
PR:3804917 Co Reg No: 97/1989/21

TRANSPORT FORM

DATE: _____

PATIENT NAME: _____

TIME OF APPT: _____

EXAMINATION:

MRI: _____ N/MED: _____ CT: _____

MODE OF TRANSPORT:

COURTESY VEHICLE: _____ AMBULANCE: _____

PICK UP TIME: _____ H _____