You are scheduled for a MRI Guided Focal Laser Ablation procedure on ________________ at ________________.

Please report to the 7th floor of the Center for Care and Discovery (CCD) 1 hour before your appointment time to register for the treatment.

ABOUT THE PROCEDURE
Focal laser ablation uses highly targeted heat to ablate cancerous tumor(s) within the prostate. During an MRI-guided focal laser ablation treatment, you will be given intravenous (IV) sedation while lying in an MRI machine

PREPARATION FOR THE PROCEDURE

Ten (10) Days Before Procedure
Do not take any aspirin or aspirin-like medications. See listing included in this packet.

The Day Before Procedure
1. You will have been prescribed four 500mg tablets of Cipro and four 200mg tablets of Vantin.
2. Have the prescriptions filled at a pharmacy.
3. The night before your exam, take one tablet of Cipro before going to bed.

Day of Procedure
1. DO NOT eat solid or liquid foods 4 hours before your arrival time.
2. The morning of the exam, take one tablet of Cipro.
3. Take two tablets of Vantin two hours before your appointment time.

HOW IS THE PROCEDURE PERFORMED?
When you arrive in the Nurse Holding area, a nurse will confirm your identity and ask you questions about your medical history and ask you to fill out the MRI Safety Screening Form that is included in this packet. The nurse will ask you to change into a gown and ask you to remove all jewelry and metals, including removable dentures, and piercings. You will be provided a locker to secure your belongings. The nurse will start an intravenous line (IV) in your hand or arm and will offer the use of a restroom to empty your bladder. You will be examined by a physician and blood work can be sent.

An MRI technologist will escort you to the MRI scanner. You will be given ear plugs to help reduce the noise the MRI machine makes, a call button to communicate with the MRI technologist and positioned in the MRI machine to start the exam. The MRI technologist and the physician will be in constant contact with you during the exam. During the exam, the MRI machine is very loud.

For the laser ablation, you will lie on your back on a cushioned table in the MRI scanner. An endorectal MRI coil will be gently placed to your rectum similar to the diagnostic MRI examination. After starting intravenous sedation and injecting a local anesthetic, physicians will insert a small catheter to deliver a tiny optical fiber, the laser and a cooling device into the prostate. MR images will be used to change the orientation of the laser fiber to best target the lesion in the prostate. Under real-time MRI guidance, the laser fiber will be positioned within the tumor and used to heat the area to a temperature that kills cancer cells. The physicians will monitor the temperature within and around the treatment region to protect healthy tissue, especially areas near critical structures such as the urethra, erectile function...
nerves, and the rectal wall. After all of the targets are ablated, the coil will be removed. You will be helped up and shown to the restroom or to your dressing room to change back into your clothing.

On average, an MRI guided focal laser ablation for prostate cancer takes 2.5 to 4 hours. You will be observed in the Nurse Holding area for at least 2 hours or until you can urinate. Then, you will be discharged from the hospital.

**AFTER THE EXAM**
Please be sure to take the final doses of the antibiotics prescribed to you.

**Immediately After the Procedure**
Take the two remaining tablets of Cipro following the procedure.

**Ten (10) Hours After the Procedure**
Take the two remaining tablets of Vantin ten hours after your procedure.

You may resume normal physical activity 24 hours following the laser ablation. Should you observe minor pain or minor amounts of blood in the urine, rectum, or semen, be advised that this is normal and usually resolves within a few days. If you experience excessive blood in your urine, rectum, semen or symptoms of a urinary tract infection (fever, painful or frequent urination), contact your referring physician, immediately or seek care at an Emergency Room.

Biopsy results are typically available in a few days. Your ordering healthcare provider will be notified of the results, who will then share them with you at your follow up appointment or by phone.

If you have any questions about the procedure or cannot keep the appointment, please call the MRI scheduling staff at 773-795-9723.

**YOUR BILL**
You will receive two bills. One is from the hospital and the other is from the radiologist. Contrast is given depending on the patient’s weight. Therefore, the charge varies from patient to patient. If you have any questions about your bill, please contact our billing department at 773-702-2027.
Patient Name: ___________________________ Date of Birth: ____________
Patient Info: Age _____ Height _____ Weight (kg) _____ Patient Contact Number: ___________________________

ATTENDING PHYSICIAN ORDERING EXAM

Form Filled Out By: ___________________________ Phone/Pager: ___________________________
MD/DO/NP/PA Phone/Pager: ___________________________ Office Fax Number: ___________________________
MD/DO/PAN/PAN Signature: ___________________________ Date: _______ Time: _______

Exam/Procedure Requested

☐ MRI Pelvis With and Without Contrast (CPT: 72197, 76377)
☐ MRI Guided Prostate Biopsy (CPT: 55700, 77021) Prior Prostate MRI Imaging is required for scheduling.
☐ MRI Prostate with Fusion/Uronav and 3D (CPT: 72197, 76377, C1770)
Prior Prostate MRI Imaging is required for scheduling.
☐ MRI Prostate Laser Ablation (CPT: 55899, 77021)

History/Indication: ______________________________________________________

ICD 9/10 Code(s) (Please List): ___________________________________________

Prostate Specific History

3 Serum PSA Levels: Value ______ Date ____________, Value ______ Date ____________, Value ______ Date ____________

Previous History of Prostate Treatment (hormone, Finasteride, radiation, surgery) and dates:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Previous Prostate Biopsy Results with Gleason Score:

________________________________________________________________________

Previous Prostate MRI Date and Results:

________________________________________________________________________

Additional Scheduling Instructions

• Patients should wait 8 weeks after Prostate Biopsy to perform MRI exam.
• Patients should refrain from sexual activity 48 hours prior to the MRI exam.
• For MRI-guided Prostate Biopsies and MRI Prostate Laser Ablations, we need to prescribe prophylactic antibiotics (starting on the night before the biopsy and continuing on the day of biopsy).
• If the patient requires sedation for the MRI, oral sedation and instructions must be prescribed by the ordering physician and self-administered prior to the exam by the patient. The patient must have a ride home after the procedure if they are taking an oral sedative.

Please complete the required IV Contrast and MRI Safety Screening on Page 2.
MRI SAFETY SCREENING – Indicate if patient has or had:

- Cardiac pacemaker, ICD, or pacing wires? [ ] Yes [ ] No
- Swan-Ganz Line? [ ] Yes [ ] No
- Aneurysm clips? [ ] Yes [ ] No
- Artificial joint, metal plate, pin, or rod in or on a bone? [ ] Yes [ ] No
- Artificial heart valve? [ ] Yes [ ] No
- Metal fragments in the eyes? [ ] Yes [ ] No
- Eye surgery? [ ] Yes [ ] No
- Tattoo on any part of the body? [ ] Yes [ ] No
- Ear surgery or implants? [ ] Yes [ ] No
- Body piercing jewelry? [ ] Yes [ ] No
- Vascular surgery in the brain and/or arteries? [ ] Yes [ ] No
- Bullet or shrapnel, other metal fragments in the body? [ ] Yes [ ] No
- Shunt? [ ] Yes [ ] No
- Permanent eyeliner? [ ] Yes [ ] No
- Device for pain control (TENS Unit), nerve stimulator? [ ] Yes [ ] No
- Greenfield Filter or IVC Filter? [ ] Yes [ ] No
- Is the patient claustrophobic? [ ] Yes [ ] No
- Is the patient unable to lie flat for up to one hour? [ ] Yes [ ] No

Contrast Safety Screening

1. If any of the conditions listed below apply to the patient, renal function tests (Creatinine) must be available within 30 days of the patient’s appointment.
2. Labs must be ordered by the referring physician.

   [ ] Yes [ ] No
   - Age 60 and over
   - History of kidney disease or renal failure
   - On hemodialysis or peritoneal dialysis
   - History of nephrogenic systemic fibrosis
   - Diabetic
   - Hypertension regarding medical therapy
   - Received an organ transplant or is being considered for a transplant

Most Recent Lab Values

- Date __________________________ Creatinine __________________________
- BUN __________________________ GFR, if available __________________________

Requesting Signature

Requesting Clinician Signature __________________________ Pager __________________________
Date __________________________ Time __________________________
Department of Radiology
Patient MR Safety Screening Form

Patient Name __________________________ Date of Birth _______ / _______ / _______ MRN: ________________
Height __________________ Weight ______________ Allergies: ________________________________________

Do you (the patient) have any of the following items in or on your body?

☐ Yes ☐ No Aneurysm clip or coil
☐ Yes ☐ No Cardiac Pacemaker, pacer wires, or implanted cardioverter defibrillator (ICD)
☐ Yes ☐ No Neurostimulators (brain, spine, bone, etc.)
☐ Yes ☐ No Internal electrodes or wires
☐ Yes ☐ No Eye or ear implant, springs or wires (e.g. cochlear implant)
☐ Yes ☐ No Tissue expanders (e.g. breast)
☐ Yes ☐ No Metallic stent, filter, coil or heart valve Please specify type and location: ______________________
☐ Yes ☐ No Magnetically activated implant or programmable device (e.g. VP shunt)
☐ Yes ☐ No Shunt (spinal, brain or intraventricular)
☐ Yes ☐ No Insulin or other infusion pump If Yes, please indicate if internal or external ______________________
☐ Yes ☐ No Joint replacement or any type of prosthesis (eye, hip, knee, etc.)
☐ Yes ☐ No Bone or joint pin, screw, nail, wire, plate, etc.
☐ Yes ☐ No Hearing aid
☐ Yes ☐ No Swan Ganz Catheter
☐ Yes ☐ No Surgical staples, clips, or metallic sutures
☐ Yes ☐ No Dental or partial dental plates
☐ Yes ☐ No Medication patch (Nicotine, Fentanyl, Nitroglycerine)
☐ Yes ☐ No Penile implant or pump
☐ Yes ☐ No Body piercing or tattoos
☐ Yes ☐ No Any metallic fragment or foreign body
☐ Yes ☐ No Have you had an injury to the eye involving a metallic object or fragment?
☐ Yes ☐ No Have you ever been injured by a metallic object (bullet, shrapnel, etc.)?
☐ Yes ☐ No Do you have any breathing problems or claustrophobia?

For Female Patients (Ages 9-56):

☐ Yes ☐ No Are you pregnant or suspect that you might be?
☐ Yes ☐ No Are you breast-feeding?
☐ Yes ☐ No Do you have an IUD?

Please complete the following if your exam is ordered with MRI Contrast:

☐ Yes ☐ No Do you have any allergies to contrast dye?
☐ Yes ☐ No Do you have a condition called Nephrogenic Systemic Fibrosis?
☐ Yes ☐ No Do you have any history of kidney disease or renal failure?
☐ Yes ☐ No Are you currently on dialysis?
☐ Yes ☐ No Are you diabetic?
☐ Yes ☐ No Do you have hypertension (high blood pressure) treated by medication?
☐ Yes ☐ No Have you received an organ transplant or are you being considered for a transplant?

Comments: ____________________________________________________________

I attest the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure I am about to undergo.

__________________________ (Print) ___________________________ (Sign) __________________________ Date/Time

Reviewed By Name (Print) ___________________________ (Sign) __________________________ Date/Time

MRI Patient Education
University of Chicago Medicine
# PRODUCTS CONTAINING ASPIRIN AND ASPIRIN-LIKE COMPOUNDS

## PRESCRIPTION PRODUCTS:

<table>
<thead>
<tr>
<th>Aspirin</th>
<th>Meprobamate tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azdone tablets</td>
<td>Norgesic tablets</td>
</tr>
<tr>
<td>Carisoprodol tablets</td>
<td>Oxycodone with aspirin</td>
</tr>
<tr>
<td>Darvon N with aspirin</td>
<td>Propoxyphene capsules</td>
</tr>
<tr>
<td>Emprin with codeine</td>
<td>Roxiprin tablets</td>
</tr>
<tr>
<td>Fiorinal tablets</td>
<td>Soma Compound</td>
</tr>
<tr>
<td>Gelpinin</td>
<td>Synalgos-DC capsules</td>
</tr>
</tbody>
</table>

## NON-STERoidal ANTI-INFLAMMATORY DRUGS (NSAIDS):

<table>
<thead>
<tr>
<th>Bextra</th>
<th>Celebrex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diclofenac</td>
<td>Etolodac</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Indocin</td>
</tr>
<tr>
<td>Naproxen</td>
<td>Piroxicam (Feldene)</td>
</tr>
<tr>
<td>Vioxx</td>
<td></td>
</tr>
</tbody>
</table>

## NON-PRESCRIPTION:

<table>
<thead>
<tr>
<th>Advil</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alka-Seltzer/Plus</td>
<td></td>
</tr>
<tr>
<td>Anacin</td>
<td></td>
</tr>
<tr>
<td>Bayer/Children’s</td>
<td></td>
</tr>
<tr>
<td>Bufferin</td>
<td></td>
</tr>
<tr>
<td>Excedrin tablets/caplets</td>
<td></td>
</tr>
<tr>
<td>Sine-Off tablets</td>
<td></td>
</tr>
<tr>
<td>Vanquish caplets</td>
<td></td>
</tr>
<tr>
<td>Aleve</td>
<td></td>
</tr>
<tr>
<td>Cold Medicin tablets</td>
<td></td>
</tr>
<tr>
<td>Ascriptin</td>
<td></td>
</tr>
<tr>
<td>BC tablets and powder/ BC Arthritis</td>
<td></td>
</tr>
<tr>
<td>Ecotin tablets/caplets</td>
<td></td>
</tr>
<tr>
<td>Pepto-Bismol tablets/suspension</td>
<td></td>
</tr>
<tr>
<td>St. Joseph Aspirin</td>
<td></td>
</tr>
<tr>
<td>Vitamin E/ Vitamin E compound</td>
<td></td>
</tr>
</tbody>
</table>
Driving Directions

From the NORTH:

Kennedy Expressway (I-90) and Edens Expressway (I-94) to Dan Ryan Expressway (I-90/94)
1. Take the Kennedy Expressway (I-90) east/ Edens Expressway (I-94) east, southbound to the Dan Ryan Expressway (I-90/94) east.
2. Stay in the local lanes.
3. Exit at 55th Street, also called Garfield Boulevard (exit 57B).
4. Turn left (east) on Garfield Boulevard and continue on Morgan Boulevard through Washington Park, following signs directing you to campus.
5. Continue with directions below specific to your destination.

Lake Shore Drive (US-41)
1. Travel south on Lake Shore Drive to 57th Street.
2. Exit (right) at 57th Street, just before the Museum of Science and Industry.
3. Proceed on 57th south, around the museum, following the blue hospital signs.
4. Turn right on Midway Plaisance and continue west to Cottage Grove Avenue.
5. Turn right on Cottage Grove Avenue.
6. Continue with directions below specific to your destination

From the SOUTH:

Bishop Ford Expressway (I-57) to Dan Ryan Expressway (I-90/94)
1. Take the Bishop Ford Expressway (I-57) northbound to the Dan Ryan Expressway (I-90/94) west.
2. Stay in the local lanes.
3. Exit at 55th Street, also called Garfield Boulevard (exit 57).
4. Turn right (east) on Garfield Boulevard and continue on Morgan Boulevard through Washington Park, following signs directing you to campus.
5. Continue with directions specific to your destination.

Chicago Skyway (I-90)
1. From the Skyway, exit at Stony Island Avenue.
2. Follow Stony Island Avenue north just past 71st Street, staying to your left to continue on to Stony Island Avenue.
3. Just after 60th Street, turn left (west) onto Midway Plaisance and continue to Cottage Grove Avenue.
4. Turn right on Cottage Grove Avenue.
5. Continue with directions below specific to your destination
6. Lake Shore Drive (US-41)
7. Take Lake Shore Drive north to 57th Street.
8. Exit left (west) at 57th Street and head south, around the Museum of Science and Industry, following the blue hospital signs.
9. Turn right on Midway Plaisance and continue west to Cottage Grove Avenue.
10. Turn right on Cottage Grove.
11. Continue with directions below specific to your destination.

From the WEST:

Eisenhower Expressway (I-290) to Dan Ryan Expressway (I-90/94)
1. Take the Eisenhower Expressway (I-290) east to the Dan Ryan Expressway (I-90/I-94) east.
2. Continue southbound on the Dan Ryan, staying in local lanes.
3. Exit at 55th Street, also called Garfield Boulevard (exit 57B).
4. Turn left (east) on Garfield Boulevard and continue on Morgan Boulevard through Washington Park, following the signs directing you to campus.
5. Continue with directions below specific to your location. Stevenson Expressway (I-55) to Dan Ryan Expressway (I-90/94)
7. Continue southbound on the Dan Ryan, staying in local lanes.
8. Exit at 55th Street, also called Garfield Boulevard (exit 57B).
9. Turn left (east) on Garfield Boulevard and continue on Morgan Boulevard through Washington Park, following the signs directing you to campus.
10. Continue with directions below specific to your location.

Parking

We encourage patients and visitors to use our Valet Parking service. It’s convenient and usually less expensive than self-parking. Valet Parking is offered directly in front of all of our Patient Care Facilities: Bernard A. Mitchell Adult Hospital, Duchossois Center for Advanced Medicine, Comer Children’s Hospital and the Center for Care and Discovery.

To ensure traffic moves smoothly, please do not enter campus at 58th Street and Cottage Grove Avenue. Please only use 58th Street for exiting the medical campus.

For parking-related questions, contact the Parking Office at (773) 702-4381, Monday through Friday, 7:30 a.m. to 4:30 p.m. Valet parking hours are Monday through Friday, 5 a.m. to 9 p.m.