

Name: \_\_\_\_\_  
V#: \_\_\_\_\_  
DOB: \_\_\_\_\_

## Preparation for Radiation Planning and Radiation Treatment Appointments

### Prescription:

- ✓ Antibiotics
- ✓ 6 bottles of Fleet enema

Pick up Fleet enema, and antibiotics by taking the prescription on the second page to your Pharmacy to get filled.

### Preparation for Radiation Planning appointment:

1. If you are taking blood thinners (i.e. coumadin, aspirin, plavix), stop taking these 1 week before the radiation planning appointment. You can re-start taking them the day after your radiation planning appointment.
2. **The night before** your radiation planning appointment:
  - a) Start taking the antibiotics and continue with one tablet twice a day until the prescription is completed.
  - b) Use one bottle of fleet enema:

If possible, use the fleet enema when lying on your side with your legs bent. Insert the neck of the bottle into your anus and squeeze the contents into your bowels. Try to hold the liquid in for as long as possible, at least 10 minutes. After the enema, try to avoid heavy meals.

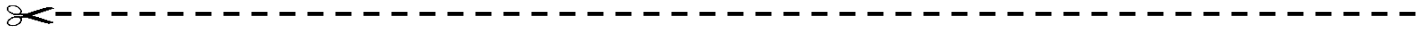
#### Position for using this enema:



3. **The day of** your radiation planning appointment:
  - a) You will be getting gold seeds implanted into your prostate.
  - b) After the seed insertion, you will be asked to drink 250 mL of water to have a full bladder. About an hour later, you will be guided into a room where the images of your prostate will be taken.
  - c) Going forward try to drink 6-8 glasses of water each day to stay hydrated until your radiation treatment is complete.

## Preparation for Radiation Treatment appointments:

1. **The night before** each of your radiation treatment appointments:
  - a) Use a bottle of fleet enema, as described above.
2. **The day of** your radiation treatment appointments:
  - a) Drink 250 mL of water 1 hour before every radiation treatment appointment to fill you bladder.



Fleet enema: 1 bottle pr x 6

Antibiotic: Septa DS 1 Tab PO BID x 3 days      or

Ciprofloxacin 500mg PO BID x 3 days

Simcoe Muskoka  
Regional Cancer Program



Patient Name: \_\_\_\_\_

Dr.: \_\_\_\_\_ Signature: \_\_\_\_\_

CPSO: \_\_\_\_\_ Date: \_\_\_\_\_