

PSMA PET-CT (Positron Emission Tomography and Computed Tomography) scan has been arranged for you. A PSMA PET scan is a specialized imaging test used to detect prostate cancer. PSMA stands for Prostate-Specific Membrane Antigen, it is a protein found in high levels on the surface of prostate cancer cells.

Medical History

- If contrast media is requested, those who are suffering from diabetes or renal disease are required to provide Serum Creatinine within the last 3 months.
- If you have any adverse reaction to contrast media please inform your doctor and our staff.
- Please bring along the latest PET-CT report, as well as other related medical reports, including blood test, images, and reports, for reference.

Preparation for the Exam

- Please arrive on time. The radiotracer for procedure has a short half-life and is ordered on an individual basis.
- If you need to reschedule or cancel your appointment, please inform us on or before 12:00 noon, 2 working days for the exam in advance, otherwise the deposit paid for the ordered radiotracer will not be refunded.

Diet & Activities

- No barium studies within 10 days prior to the examination.
- Please stop taking Chinese medicines 3 days before the examination, including health products containing Ganoderma lucidum (Lingzhi) and Coriolus versicolor (Yunzhi).

Attire

- Wear loose, comfortable clothing and avoid zippers, metal buttons or accessories.
- We provide examination gowns for you, if necessary.

For diabetic patients

- Please inform our staff if you are diabetic patients.
- Please stop taking your diabetes medication during fasting period and bring it with you. After the examination, resume your normal diet and diabetes medication.
- For diabetic patients on Metformin containing drugs and having renal disease/ impaired renal function (eGFR <30mL/min/1.73m²) or suffering from acute renal failure, Metformin containing drugs should be withheld for 48 hours after IV contrast medium administration. Metformin should only be resumed after confirming normal renal function by blood test. Seek advice from the referral doctor.

Procedure

- If you have claustrophobia, please inform your doctor and our staff 2 working days before the appointment for the possibility to postpone the examination.
- The whole procedure takes about 2 to 3 hours and includes the following steps:
 - We will obtain your medical history.
 - We will explain the risks associated with contrast administration, and informed consent will be obtained.
 - Intravenous injection catheter set up for required pharmaceutical administration.
 - You will be asked to rest calmly for 1 hour during uptake phase after administration.
 - Imaging part takes 30 minutes. A delayed imaging may be performed as indicated.
 - Take at least 10 minutes rest after scanning and ensure without any discomfort before leaving.
- The Centre will charge for the medications and laboratory tests related to the scan.
- If you have claustrophobia, please inform your doctor and our staff 2 working days before the appointment for the possibility to postpone the examination.

After the examination

- Resume normal diet and encourage water intake. There is no physical restriction.
- Please sit on the toilet for urination to avoid spillage on the floor, close the lid and flush the toilet twice.
- Please avoid prolonged and close contact with pregnant women and children under 12 years old on the day of scanning.

Remarks

- If black rainstorm warning, typhoon signal No. 8 or higher, or extreme condition is in force, the examination will be postponed. We will contact you during office hours for arrangement.

Disclaimer

- This leaflet only provides basic information about the procedure and lists the common risks or complications. The mentioned risks or complications that may occur are not exhaustive and may vary with different patient's condition. For more information or individual enquiries, please contact your doctor.

Reference: ACR 2024 Manual on Contrast Media, ACR committee on Drugs and Contrast Media

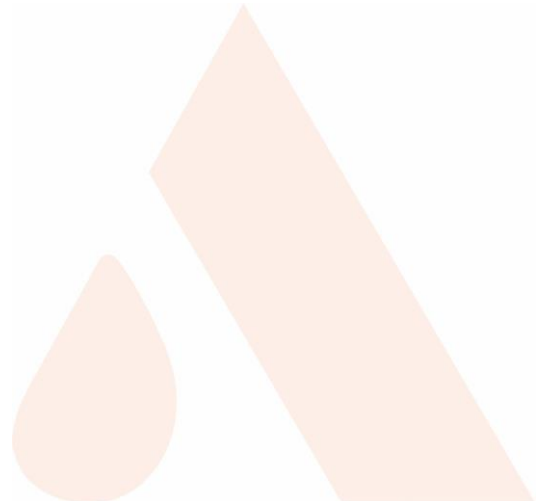
I confirm that I have carefully reviewed and fully understand the contents of information sheet.

Signature of Patient: _____ **Date:** _____

Name & Signature of Parents / Guardian *: _____
(applicable for age under 18)

Date: _____

[Patient label]



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