



4101 Tiger Lily Rd, Suite 100 · Lincoln, NE 68516
 P: 402-420-7000 · F: 402-420-6969 · CancerPartners.com

Patient Name: _____

Your appointment time is at: _____ on _____ at Cancer Partners/Urology Partners

CT IMAGING INSTRUCTIONS

1. Please arrive 15 minutes before your scheduled appointment time.
2. Please follow the instructions listed below to ensure adequate exam preparation.
3. You should take all your medications with water.
4. **Hydration: Water fluid intake preferably at least 1 quart (four 8 oz. glasses) is encouraged before and after the procedure.**
5. Patients should expect the entire CT exam process to take approx. 60-75 minutes. This does not include the time it takes to get lab and lab results needed for your exam. You may be required to have intravenous saline based on recent lab results before and after the exam. All intravenous CT procedures will require a recent Creatine and BUN lab value within 30 days for patients 60 or over.
6. If you are not given an oral contrast to take home, you may be instructed to drink extra water OR to arrive 1 hour before your scan for your oral contrast. Feel free to refrigerate, if preferred.

Diabetics are encouraged to eat a light low carbohydrate meal a minimum of 4 hours before the scheduled appointment time. Please take all diabetic medicines as prescribed or bring them along to your CT appointment.

___CT Abdomen:

Nothing to Eat 4 hrs. before the exam. **Please come hydrated before your exam.**
 Drink 1 bottle of oral contrast 1-hour before the exam. Keep refrigerated, it tastes better cold.

___CT Pelvis OR ___CT Abdomen/Pelvis OR ___CT Chest/Abdomen/Pelvis

You will receive 2 bottles of oral contrast. Keep refrigerated, it tastes better cold.
 Nothing to eat after the first bottle of contrast. **Please come hydrated before your exam.**
 Step 1: Drink 1 bottle of oral contrast the night before your exam at 9:00 p.m.
 Step 2: Drink 1 bottle of oral contrast 1 hour before the exam. Keep refrigerated, it tastes better cold.

___CT Chest: No prep. **Please come hydrated before your exam.**

___CT Soft Tissues Neck: No prep. **Please come hydrated before your exam.**

___CT Head: No prep. **Please come hydrated before your exam.**

___CT Renal Stone Protocol: **NO** Oral Contrast

Nothing to Eat 4 hrs. before the exam. **Please come hydrated before your exam.**

___CT Urogram Protocol: **NO** Oral Contrast

Nothing to Eat 4 hrs. before the exam. **Drink 24 ounces of water before your scheduled arrival time.**
Please notify your technologist if you have an allergy to Sulfa or Lasix.

___CT Extremity: No prep.

___CT Spine: No prep.

CANCER PARTNERS/UROLOGY PARTNERS ADDRESS

APRIL SAMPSON CANCER CENTER: 4101 Tiger Lily Rd; Suite 100; Lincoln, NE 68516
 Enter through the main entrance.

QUESTIONS about the exam or preparation, please call Cancer Partners/Urology Partners at 402-420-7000.