

Diagnostic Center Nuclear Medicine

tutkimukseen.fi

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Prostate metabolic PET-CT

The examination is used to find prostate tumors and their metastases.

Please reserve approximately 2 to 4 hours for your visit.

Before the examination

You may eat and drink as usual. Take your medication as usual. Bring your prescriptions or a list of your medications with you to the test.

Remove all jewellery and any clothes containing metal.

During the examination

An intravenous catheter will be placed into your arm and a small amount of radioactive contrast agent will be given via the catheter.

The scan will begin about 1 to 2 hours later. During the scan, you will be lying down and you will need to remain still. The imaging takes approximately 30 minutes. The scanning is painless.

The examination also includes a CT scan (computed tomography). The scans are performed simultaneously.

A CT scan with contrast agent may also be performed simultaneously. The contrast agent will be administered via an intravenous cannula. The contrast agent might cause a passing warm sensation and a metallic taste in the mouth. The contrast agent leaves your body as urine.

After the examination

Drink extra fluids and empty your bladder frequently after the exam in order to clear the tracer from your body more quickly.

Other things to note

Please take your health insurance card (Kela card) or identity card with you.

Your attending physician will inform you of the test results. Please contact the unit responsible for your care if you do not already have a scheduled appointment or a phone consultation with your doctor.

You will not be charged for the examination separately.

Cancel the appointment if you cannot come. If you do not cancel, you will be charged a fine.

Date of entry: 14.6.2023

Language versions: suomi, svenska, English

Examination: 20996 Pt-EturPET Eturauhasen aineenvaihdunnan PET-TT (KE1DR); 21462 Pt-EturVPET Eturauhasen

aineenvaihdunnan PET-TT varjoaineella (KE1JR)

Tunniste: 3863



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Patient information form for PET scan

Please fill in the form the day	before the examination and bring it with you.
Name:	
Personal identity code:	
Weight:	Height:
Have you ever had an alle	rgic reaction to contrast material in any previous contrast-
enhanced scans?	
\square yes	□ no
Have you had some surge	ry / endoscopic procedure / biopsy in the past six months?
\square yes	\square no
Which one, when?	
Do you have any foreign o	objects in your body (made of metal):
What objects:	
Where:	
Do you have, or have you	had any of the following (check the box):
\square diabetes	\square tuberculosis
☐ heart attack	\square intestinal infection
\square kidney disease	
☐ other inflammatory disease	e, please specify:
\Box other long-term illness, ple	ease specify:
☐ trauma (fractures, injuries)), please specify:



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Have you taken/received the following	llowing medic	ines in the past 2 weeks?
Cortisone	\square yes	\square no
Blood cell growth factor	\square yes	\square no
Cytotoxic/Cytostatic drugs	\square yes	\square no
		od cell growth factor therapy within 2 ontact the Nuclear Medicine Unit in
Have you received radiation the	erapy in the p	ast 3 months?
\square yes	\square no	
When?		
On which area?		
If you have received radiation to please contact the Nuclear Med Do you have a scheduled appoint	icine Unit in I	, , , , , , , , , , , , , , , , , , , ,
\square yes	\square no	
When is it?		
Question for women: Is it possible that you are pregnant?		
□ yes	□ no	
If you suspect that you might be pres	gnant, please co	ntact the unit responsible for your care before
the examination.		