

## PATIENT PREPARATION

### FOR ALL PATIENTS

1. Fast for 6 hours before your appointment time. No food, chewing gum, lollies or vitamins. (*Diabetic patients – please read below*).
2. You may drink as much plain water as you like and use the toilet as often as required.
3. No strenuous exercise for 12 hours prior to your appointment.
4. Wear warm, comfortable clothes with no metallic objects.
5. If you have NON-DIABETIC medications, take them with plain water at your usual times.
6. Bring your Medicare card, and all previous X-ray, CT, MRI, Nuclear Medicine, Ultrasound scans with you.

### DIABETIC PATIENTS

#### ***Diet Controlled***

Preparation as above.

#### ***Non-Insulin Dependent***

If your appointment is before 12 noon, fast from midnight and do not have breakfast or your oral diabetic medication.

If your appointment is after 12 noon, have your normal breakfast with your normal oral diabetic medication, and then fast for 6 hours until your appointment.

#### ***Insulin Dependent***

An appointment before 12 noon is preferred. Fast for 4 hours after your last normal meal & insulin before your appointment time. Bring your insulin with you.

If your appointment is after 12 noon, have your normal breakfast at your normal time with your normal insulin. Insulin should not be given less than 4 hours before FDG injection. Bring your insulin with you.

## PATIENT INFORMATION

### PET/CT:

The Positron Emission Tomography (PET) scanner at Liverpool Hospital was opened in 2002. PET detects and measures glucose metabolism within the body. In cancers, the metabolism of glucose may be abnormal. By injecting a small amount of radioactive glucose (<sup>18</sup>F-FDG) into a vein, we can diagnose, assess the activity and extent of spread of most cancers within the body. PET scan can also detect areas of living heart muscle following a heart attack. We currently have a combined PET/CT scanner which also provides the Computed Tomography (CT) information with regards to the size, shape and location of various lesions.

### How is the PET/CT Scan Done?

When you arrive, a Doctor will ask you about your medical history. A small cannula needle will be placed into a vein in your hand or arm. Your blood sugar level and your weight will be measured. You will be asked to remove all metal objects. A Technologist will then inject a small amount of radioactive glucose through the cannula. You will be allowed to rest quietly on the bed for 1 hour. You will be then asked to lie very still on a scanning table for about 30 minutes. Once the scan is complete you will be given something to eat. A CD ROM will be given to you before you leave the department to deliver to your doctor. A written report is faxed to referring Specialists within 1 working day of the appointment

### Length of Test:

The test will take approximately 3 hours

### Side Effects & Safety:

The amount of radioactivity used during the procedure is very small. There are no side effects associated with the PET/CT scan. However, you **MUST** inform the staff if you are pregnant or breast feeding, or may be accompanied by someone who may be pregnant, when the appointment is booked.

### Location:

The PET/CT unit is located in the Imaging Department (011) on the ground floor of the New Clinical Services Building. Enter the Hospital via Entrance A or B and follow the main concourse to Imaging Reception 011.

### Parking:

Preferred Parking is P3 via the service road, corner of Lachlan and Hart Streets.

There is a limited amount of on-street parking.

Westfield Shopping centre is located 500 metres from the hospital.

### Contact Details:

Department of Nuclear Medicine & PET

Ground Floor, New Clinical Services Building

Liverpool Hospital

Corner of Elizabeth & Goulburn Streets, Liverpool NSW 2170

**Phone:** 02) 8738 3502 or 02) 8738 3515

**Fax:** 02) 8738 3529

**Website:** <http://www.swslhd.nsw.gov.au/liverpool/pet>

# PET/CT Imaging Request Form

NUCLEAR MEDICINE & PET  
LIVERPOOL HOSPITAL



Health  
South Western Sydney  
Local Health District

DRS PETER LIN (DIRECTOR), IVAN HO SHON, MICHAEL LIN & JUNE YAP 1 ELIZABETH ST, LIVERPOOL NSW 2170  
Website: <http://www.swslhd.nsw.gov.au/liverpool/pet> PHONE: 8738-3502, FAX: 8738-3529

## Patient Identification

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ MRN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone:(H): \_\_\_\_\_(W): \_\_\_\_\_(M): \_\_\_\_\_  
NIDDM/IDDM: \_\_\_\_\_ Outpatient (Tick)  or  Inpatient  : Hospital: \_\_\_\_\_ Ward: \_\_\_\_\_

Urgent (<7 days) Reason: \_\_\_\_\_  7-14 days  By \_\_\_\_/\_\_\_\_/\_\_\_\_

## Clinical Indication

Primary Site of Disease: \_\_\_\_\_  
Histology/Pathology: \_\_\_\_\_ Pre PET stage: T \_\_ N\_\_ M\_\_

Surgery Type: \_\_\_\_\_ Most recent: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Radiotherapy Region: \_\_\_\_\_ Last: \_\_\_\_/\_\_\_\_/\_\_\_\_ Next: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Chemotherapy: \_\_\_\_\_ Last: \_\_\_\_/\_\_\_\_/\_\_\_\_ Next: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Indications for Ga68 or FDG PET-CT (Tick Only One)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Ga-68 Octreotate</b> Somatostatin receptor imaging of Neuroendocrine tumour  | <input type="checkbox"/> <b>Primary Staging of <u>CARCINOMA OF THE HEAD &amp; NECK</u></b> (61598).  |
| <input type="checkbox"/> <b>Characterisation of <u>SOLITARY PULMONARY NODULES</u></b><br>Where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed (61523). | <input type="checkbox"/> <b>Primary Staging of <u>CANCER of OESOPHAGUS or GASTRO-OESOPHAGEAL JUNCTION</u></b><br>In patients considered suitable for active therapy (61577).   |
| <input type="checkbox"/> <b>Staging of proven <u>NON-SMALL CELL LUNG CANCER</u></b><br>Where curative surgery or radiotherapy is planned (61529).  | <input type="checkbox"/> <b><u>METASTATIC SCC involving cervical nodes.</u></b><br>From an unknown primary site (61610).   |
| <input type="checkbox"/> <b>Evaluation of suspected residual or recurrent <u>MALIGNANT BRAIN TUMOUR</u></b> based on anatomical imaging findings, after definitive therapy in patients suitable for further active therapy (61538).                              | <input type="checkbox"/> <b>Initial Staging of indolent non Hodgkin's <u>LYMPHOMA</u></b><br>Clinical, pathological and imaging findings indicate stage is I or IIA and the proposed management is definitive radiotherapy with curative intent (61616).               |
| <input type="checkbox"/> <b><u>REFRACTORY EPILEPSY</u> which is being evaluated for surgery</b> (61559).   | <input type="checkbox"/> <b>Initial staging of Hodgkin's or non-Hodgkin's <u>LYMPHOMA</u>, newly diagnosed or previously untreated.</b><br>(excluding indolent non-Hodgkin's lymphoma) 61620.  |
| <input type="checkbox"/> <b>Suspected residual, metastatic or recurrent <u>COLORECTAL CARCINOMA</u></b><br>Following initial therapy in patients suitable for active therapy (61541).  | <input type="checkbox"/> <b>Assessment of Hodgkin's or non-Hodgkin's <u>LYMPHOMA</u></b> (excluding indolent non-Hodgkin's lymphoma) Assess first line therapy response during treatment or within 3 months of completing definitive first line treatment for (61622). |
| <input type="checkbox"/> <b>Suspected metastatic or recurrent <u>MALIGNANT MELANOMA</u></b><br>Following initial therapy, in patients suitable for active therapy (61553).   | <input type="checkbox"/> <b>Restaging recurrent Hodgkin's or non-Hodgkin's <u>LYMPHOMA</u></b><br>(excluding indolent non-Hodgkin's lymphoma) (61628).   |
| <input type="checkbox"/> <b>Suspected residual, metastatic or recurrent <u>OVARIAN CARCINOMA</u></b><br>Following initial therapy in patients suitable for active therapy (61565).   | <input type="checkbox"/> <b>Assess response to second-line chemotherapy when stem cell transplantation is being considered for Hodgkin's or non-Hodgkin's <u>LYMPHOMA</u></b> (excluding indolent non-Hodgkin's lymphoma) 61632.                                       |
| <input type="checkbox"/> <b>Primary staging of proven <u>UTERINE CERVICAL CARCINOMA</u></b><br>For histologically proven carcinoma, at FIGO stage IB2 or greater, prior to planned radical radiation therapy or combined modality therapy (61571).               | <input type="checkbox"/> <b>Initial staging of bone or soft tissue <u>SARCOMA</u></b><br>Biopsy proven and considered by conventional staging to be potentially curable. (excluding gastrointestinal stromal tumour) (61640).  |
| <input type="checkbox"/> <b>Further staging of recurrent <u>UTERINE CERVICAL CARCINOMA</u></b><br>suitable for salvage pelvic chemo radiotherapy or pelvic exenteration with curative intent (61575).  | <input type="checkbox"/> <b>Suspected residual or recurrent <u>SARCOMA</u></b><br>After the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent (excluding gastrointestinal stromal tumour) (61646).             |
| <input type="checkbox"/> <b>Suspected residual or recurrent <u>HEAD &amp; NECK CANCER</u></b><br>After definitive treatment and suitable for active therapy (61604).   | <input type="checkbox"/> <b><u>UNFUNDED FDG PET-CT (specify)</u></b> _____<br><input type="checkbox"/> The patient is aware there will be a charge of \$950 and is agreeable to this.<br><input type="checkbox"/> Please perform this study on compassionate grounds.  |

Please note: As the patient you have the option to choose which diagnostic imaging provider you want to have this procedure performed at.

**Referring Consultant / Specialist:** \_\_\_\_\_ **Provider #:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

A CD ROM and selected hard copy images will be given to your patient after the scan. Your patient will be instructed to deliver these to you at their next appointment. Please tick here  if you would like an extra copy sent to you directly.