

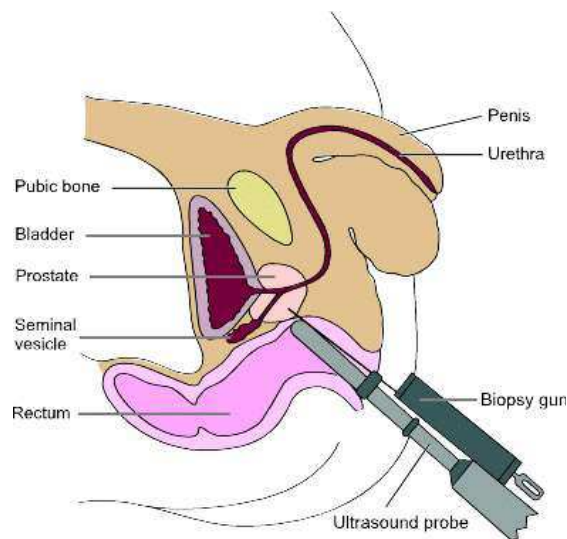
Transrectal prostatic ultrasound and biopsy: procedure-specific information

Introduction

This information leaflet is intended for use of those patients undergoing transrectal ultrasound biopsy of the prostate.

Definition

The prostate is a gland that surrounds the urethra (water-pipe) and which can enlarge and/or develop cancer. It can be felt via insertion of the finger into the anus (digital rectal examination). Your doctor may have discussed you having a transrectal ultrasound biopsy of the prostate because your gland feels abnormal or because your PSA (prostate specific antigen) is raised.



Picture showing insertion of the ultrasound probe into the anus and the biopsy needle

What does the procedure involve?

This procedure involves using an ultrasound probe, inserted via the back passage, to scan the prostate. Local anaesthetic is then injected around the prostate. The size of the prostate can then be measured and abnormal areas may sometimes be seen. If biopsies are needed, a needle is inserted into the prostate and tissue samples (normally between 10 and 15) for pathological analysis are taken.

Will I need any further treatment?

Any further treatment and follow up will be determined by the results of the biopsy. The results are usually available after 10 days, and you will have the opportunity to discuss the results with your doctor then

What happens before my procedure?

You will usually be prescribed an antibiotic to help reduce the risks of infection from the procedure. The first dose should be taken about 15 minutes before the procedure. You will be asked to continue the antibiotics after the procedure, usually for 3 days.

If you are taking Warfarin, Aspirin or Clopidogrel on a regular basis, you must discuss this with your doctor because these drugs can cause increased bleeding. Clopidogrel and warfarin are usually stopped before your biopsy. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

What happens on the day of my procedure?

Your procedure will be done as an outpatient, meaning that you do not need to be admitted to hospital. You can eat and drink as normal prior to the biopsy.

Although the test is performed under local anaesthetic, most men find it reassuring if a friend or relative accompanies them and is available to take them home.

It is not uncommon to experience some discomfort afterwards, and some bleeding. You will notice blood in your urine for up to 3 days, blood in the semen for up to 6 weeks and blood from the back passage for a day or two.

These are normal but if you are concerned by the degree of bleeding **you should consult your doctor immediately. You should also contact your doctor if you feel unwell after the procedure with fever or chills, because this could mean that you have an infection after the biopsy which might require admission to hospital for intravenous (injectable) antibiotics.**

You will be discharged home once you are comfortable with a three day course of antibiotics.

What are the risks of the procedure?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a TRUS biopsy.

The complications or side effects which can arise include:

Common (greater than 1 in 10)

- Blood in the urine for up to a few days
- Blood in the semen – this may last for up to 6 weeks but is perfectly harmless and poses no problem for you or your sexual partner
- Blood in the stools
- Urinary infection (10% risk)
- Sensation of discomfort from the prostate due to bruising

Occasional (between 1 in 10 and 1 in 50)

- Blood infection (septicaemia) requiring hospitalisation (2% risk)
- Bleeding causing an inability to pass urine (2% risk)
- Bleeding requiring hospitalisation (1% risk)
- Failure to detect a significant cancer of the prostate
- The procedure may need to be repeated if the biopsies are inconclusive or your PSA level rises further at a later stage

Rare (less than 1 in 50)

- Inability to pass urine (retention of urine)

What should I expect when I get home?

When you get home, you should rest for 48 hours and drink extra fluid, especially if you have blood in the urine. It is important that you complete your course of antibiotics. Try and avoid constipation by having a high fibre diet and drinking plenty of fluids.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your doctor immediately.

When will I get my results?

The results are usually available in 10 days time, and a follow up appointment should be scheduled to discuss them with your doctor.

Are there any alternatives to a biopsy?

If you decide that you do not want to undergo a biopsy, an alternative option is to monitor your PSA level and consider a biopsy at a future date if it is appropriate. A PCA3 urine test for prostate cancer is another possibility and you should discuss this option with your doctor if you do not wish to undergo a biopsy.

Procedure code for insured patients: XR110 + AC100



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