

## PATIENT INFORMATION

# Prostatic ultrasound and transperineal biopsy

### What is the prostate gland?

The prostate is a small gland the size of a walnut, found at the base of the bladder and surrounds the urethra (water pipe). Urine passes from the bladder through the prostate and penis via the urethra.

The purpose of the prostate gland is to produce a fluid to assist the passage of sperm.

It is perfectly normal for the prostate gland to become slightly larger as you get older.

### Your visit

You will have already had a blood test to assess how healthy your prostate gland is. This is called a PSA or prostate specific antigen test, and it may have shown your prostate to be overactive and potentially unhealthy. You may have already had a prostate biopsy (transrectal ultrasound and biopsy TRUSS), which has been inconclusive. You may have an MRI scan to image your prostate, which helps the doctor locate any areas of interest. This investigation is designed to give us more information.

### What to expect

We will recommend you take a medication called tamsulosin for 2 weeks before the procedure. This medication will help to reduce problems passing urine afterwards. It would be advisable to continue this medication for a further 2 weeks after the procedure.

You will receive a pre-assessment appointment, approximately 2-4 weeks before your admission. This is to assess your general fitness, screen for MRSA, urine infections and perform some baseline investigations.

Please inform the doctor before your procedure if you are taking warfarin, aspirin, clopidogrel or any medication which thins your blood. It is also important for us to know if you are diabetic; or have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- Artificial joint
- Artificial blood vessel graft
- Neurosurgical shunt
- Immunocompromised – medication or medical conditions
- Previous or current infections eg MRSA
- Allergies – especially related to antibiotics

We may need to discuss with you the specific risks, and benefits, to you as an individual, in having

this procedure in relation to specific medication or medical conditions.

These risks and/or benefits should have been fully discussed with you by your consultant prior to your pre-assessment. If you have any concerns or questions please discuss with the doctor or specialist nurse.

## **What does the procedure involve?**

You will be given a general or spinal anaesthetic and a catheter may be inserted via the water pipe (urethra) into your bladder. While you are asleep an ultrasound probe will be inserted into your rectum (back passage). This scans your prostate and helps the doctor target your prostate gland. The biopsies are taken through the skin behind the testicles (the perineum) using a special grid. The images from the MRI scan can help locate specific areas of interest in your prostate and the doctor will target these areas and take biopsies. You will possibly have other areas of your prostate biopsied. The number of biopsies taken overall will vary, depending on the size of your prostate and MRI scan findings.

You should expect to be admitted in the morning of your procedure, usually 7.00am. You will normally be on the morning theatre list and should be well enough to go home later, usually late afternoon or evening.

You will have received information regarding the ward you are to report to. You will be asked not to eat and drink for 4 – 6 hours before your procedure time. Do not accept a drink or breakfast within this time scale otherwise your operation could be cancelled.

Before the procedure you will be shown to your bed and asked to put on a theatre gown. You will meet your urology consultant and the anaesthetist before you go to theatre. You will be asked to sign your consent form and the procedure/process will be discussed with you.

You will be taken to theatre on your bed by one of the nurses looking after you and handed over to the theatre staff. You will be asked a number of questions during this time. This is normal and is for your safety.

Your biopsies will be taken as previously described and a dressing applied to the perineum.

## **What happens immediately after the procedure**

You will be taken to the recovery ward until you are awake and then transferred back to the ward. It is helpful, once you feel able, that you drink several glasses of water or hot drinks. If you have a catheter this will be removed (if there is no bleeding), whilst you are asleep or later once you are back on the ward.

You will not be able to leave the hospital until you have passed urine. It is normal to experience blood in the urine and it can last for 2-3 days. Occasionally blood clots may pass; just increase your fluid intake as this will help to flush them out.

If you feel well enough you should be allowed home late afternoon or early evening. You must be accompanied when you go home and should not be left alone overnight.

It is normal to pass blood in your semen for up to 6 weeks after the procedure. As time goes by it

will change in colour from a bright red to a rusty brown, this is normal.

You will be given a 3-day course of an antibiotic (usually Augmentin) to take at home. When you are ready to leave hospital you will be given a discharge summary of your admission. Keep this with you for the next few weeks. This holds helpful information about your treatment and will be useful to your GP or hospital doctor if you have a problem or need to seek advice.

## **When you get home**

- You should take it easy for the next couple of days.
- Do not travel out of easy reach of the hospital for a few days, just in case you need to contact us.
- Increase your fluid intake for the first 48 hours after the biopsy
- Avoid demanding physical activity
- Maintain regular bowel movement
- Complete the course of antibiotics
- Take regular painkillers if you feel uncomfortable eg paracetamol

## **What should I look out for?**

It is normal to experience some blood in the urine for 2-3 days. This can be prolonged if you normally take blood thinning medication such as warfarin etc. If you experience a lot of bleeding in your urine and clots, contact the urology ward or contact numbers listed overleaf.

You might experience difficulty passing urine, make sure you take your tamsulosin tablets, they will help. However, if you become unable to pass any urine or start to experience low abdominal pain, contact the urology ward or contact numbers listed overleaf.

If you experience shivering, fever or develop burning or frequency when you pass urine, you should contact the hospital and ask for the urology team on call. At the weekends make your way to the Accident and Emergency Department.

It is normal to see blood in your semen for up to 6 weeks.

## **What happens next?**

You will receive an appointment to discuss your biopsy results (histology) which will normally be approximately two weeks post procedure.

Your biopsy results will be discussed with you at your outpatient appointment. Should you need treatment or ongoing observation of your prostate gland, this will be discussed and explained to you. It is advisable to bring someone with you to this appointment.

One of the reasons for performing this procedure is to look for prostate cancer. However, some patients are found to have other prostate problems such as prostatitis or inflammatory changes, which are benign conditions. Whatever we find, this will be explained to you and a treatment or follow up plan formulated.

If you have any questions or you do not understand what you have been told, please ask. Your

doctor and his team are here to help and support you. If you would like to discuss any issues regarding this procedure please contact:

Urology Nurse Specialists on 01284 712735

## **Are there any side effects?**

Most procedures carry a potential risk of side effects. Listed below are the most recognised problems/side effects/complications. The majority of patients do not experience any unexpected problems after this procedure.

### **Common – greater than 1 in 10:**

- Blood in the urine for up to 10 days
- Blood in the semen; usually lasts 6 weeks. It is harmless and will not affect your partner or yourself
- Bruising in the perineal area
- Discomfort in the prostate region; usually due to bruising
- Bleeding causing inability to pass urine (2% risk)

### **Occasional – between 1 in 10 and 1 in 50:**

- Blood infection (septicaemia requiring hospital admission 1% risk)
- Bleeding; severe enough to require hospital admission (1%)
- Failure to detect a significant cancer of the prostate
- Repeat of the procedure if biopsies inconclusive or your PSA blood test rises in the future (this is unusual)
- Inability to pass urine (urine retention)
- Urine infection (less than 5%)

## **Contact telephone number**

Urology Nurse Specialists – 01284 712735

Mr John McLoughlin – 01284 712549

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