

Patient information

Prostatic ultrasound and transperineal biopsy under local anaesthetic

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 had 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 two 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 two weeks after the procedure.

You will receive a pre-assessment appointment, approximately two to four 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, rivaroxaban or similar, dipyridamole 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 or local anaesthetics
- Bleeding problems

We may need to discuss 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?

The prostate biopsy procedure is performed using a needle puncture through the perineum (the area between the testicles and the back passage). It is usually performed in the outpatient setting under local anaesthetic and occasionally under a general anaesthetic.

You will be given a single dose of Augmentin 625mg just before the procedure.

Please make us aware if you are allergic to penicillin

You will be given a local anaesthetic to numb the skin and the area around the prostate before taking any needle samples/biopsies from the prostate. An ultrasound probe will be placed in your rectum (back passage) to help target your prostate gland. 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 samples/biopsies. You will have other areas of your prostate biopsied as well. The number of samples/biopsies taken overall will vary, depending on the size of your prostate and MRI scan findings. The prostate samples will be placed in special sample pots and sent away for analysis.

You will normally be on a morning or early afternoon prostate biopsy list.

You will need to report to the Martin Corke Day Unit reception desk. You will be called into the waiting area. You will be asked to sign the consent form and have an opportunity to ask any questions. You will be given antibiotics ahead of the procedure.

You will be asked to remove your trousers and underwear and lie on your back in a semi-sitting position on a special couch which has stirrups. You will be requested to put your legs in the stirrups. The doctor will tape your scrotum out of the way and apply a lubricant gel in and around your back passage. Your skin will be cleaned with an antiseptic solution around your perineal area. The ultrasound probe is inserted into your rectum/back passage and local anaesthetic is given. This can sting briefly but should settle quite quickly.

The prostate biopsies are taken with a spring loaded needle device. You will hear the click of the biopsy device as it takes the prostate samples. This might make you jump the first time you hear it. Please let the doctor know if you feel any discomfort. Normally we would plan to take 20 to 28 samples.

A small dressing / pad will be applied to your perineum.

What happens immediately after the procedure?

You will be taken to the recovery area. It is helpful, once you feel able, that you drink several glasses of water or hot drinks. 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 two to three 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 six 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 may feel bruised and a little sore. You can take paracetamol or mild painkiller if required.

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 two to three 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 Emergency Department.

It is normal to see blood in your semen for up to six 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 six 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 numbers:

Urology Nurse Specialists	01284 712735
Mr John McLoughlin	01284 712549
Mr Anup Sengupta	01284 713520

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in

participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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