

This leaflet contains the most recent evidenced based information from the British Association of Urological Surgeons (BAUS).

If you require further information you can gain more via:

www.baus.org.uk

www.cancerresearchuk.org

www.prostatecanceruk.org

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

Please ask a member of staff if you would like a chaperone present during your procedure.

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www.MerseyWestLancs.nhs.uk

Transperineal ultrasound-guided biopsy

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

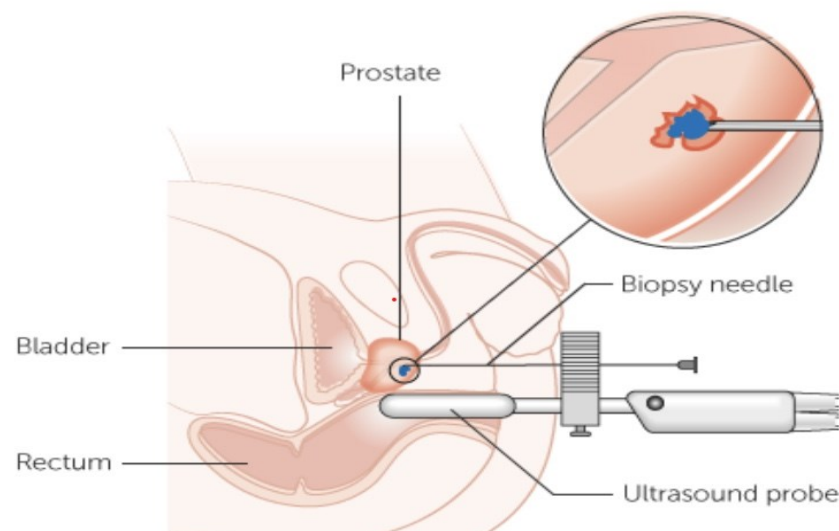
إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Department: Urology
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A transperineal ultrasound-guided biopsy of your prostate is a procedure to check for prostate cancer. At present, this is the most reliable way for checking your prostate. The most common side effects are bleeding and reduced urinary flow. Infection is rare. Many of the prostate cancers diagnosed are not life-threatening. They may require no active treatment, and only careful monitoring

What does this procedure involve?

An ultrasound probe is inserted into your rectum (back passage) to scan your prostate. Guided by ultrasound, biopsies are taken from your prostate through your perineum (the skin between your scrotum and rectum). We usually take approximately 14 biopsies but this could be more or less dependent upon your history and MRI results.



- If you are unable to pass urine at all, you should immediately go to your local emergency department as a temporary catheter may need to be inserted.
- We will review the results of your biopsies in a Multidisciplinary Team (MDT) meeting within 10 to 14 days.
- You will be given an outpatient appointment to discuss the findings from the biopsies and explain any further treatment if necessary. We will also let you and your GP know the results as soon as possible.

When will I need to seek help?

Contact your doctor or go straight to the emergency department if you have signs of infection, such as:

- A high temperature including shivering or shaking.
- Difficulty in passing urine.
- A need to pass urine very often.
- A lot of blood in your urine or stools.

Smoking and this biopsy

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions.

For advice on stopping, you can:

- Contact your GP
- Access your local NHS smoking help online or
- Ring the free NHS smoking helpline on 0800 169 0169.

- There is a risk of bruising in your perineal area from around where we take the samples.
- There is a possibility of feeling discomfort in your prostate caused by the procedure.
- There is a 1 in 20 (5%) risk of having temporary problems with erections caused by bruising from the biopsies.
- There is a 1 in 20 (5%) chance of being unable to pass urine.
- There is a 1 in 50 chance that blood in your urine sometimes can cause clots to form and this can prevent you from passing urine.
- There is a possibility that the urologist may not find any significant cancer in your prostate. This could result in a repeat procedure in the future if for example your PSA level continues to rise.
- There is a very low risk of 1 in 100 (1%) of requiring emergency admission for treatment due to bleeding.
- There is a 1 in 100 (1%) risk of developing a urinary tract infection that requires treatment with antibiotics.

What can I expect when I get home?

- Before leaving the department you will be given advice about your recovery at home.
- Expect to see some blood in your urine which may last several days, often with the occasional blood clot.
- We advise you to drink plenty of fluids to help dilute this bleeding.
- You often see blood in your semen for up to six weeks.
- If the bleeding in your urine does not stop, you should contact your GP or specialist nurse for further advice.

Do I need to do anything to prepare?

There is no need to withhold any food or drink before this procedure; continue to take any prescribed medications unless you have been directed not to.

If you are taking any medication to thin your blood such as:

- Warfarin
- Aspirin
- Clopidogrel
- Apixaban
- Rivaroxaban
- Dabigatran

and you have not been advised regarding the management of these, please do ring your department immediately so we can advise accordingly.

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Southport Hospital - 01704 704301

We recommend that you make arrangements regarding transportation home, as it is not advised to drive immediately following this procedure.

What happens the day of the procedure?

We will introduce ourselves to you. This will be either a nurse practitioner or a doctor. Please note the majority of the lists are carried out by a nurse practitioner.

We will review your history and medications, and discuss the procedure again with you to confirm your consent. There will be a written consent form for you to sign.

Details of the procedure

- This procedure is performed whilst you are awake under a local anaesthetic in our urology department.
- Before the procedure your observations will be checked. This includes your:
 - temperature
 - pulse
 - blood pressure
 - you may be asked to provide a urine sample.
- You will be asked to remove your lower clothing including your underwear and put on a hospital gown to wear
- Depending on your medical history you may be required to have an antibiotic injection into your muscle after checking carefully for any allergies.
- You will be laying on a specialised examination couch which will readily allow the clinician to access the skin behind your scrotum (perineum) in order to perform the prostate biopsy procedure.
- Firstly, your prostate will be examined, before inserting lubricating jelly into your back passage, this makes the insertion of the ultrasound probe more comfortable and gives better images for the clinician to see.
- The probe is as wide as a man's thumb and is approximately 10 cm (four inches) long. This is placed into position in the back passage.
- The perineum is cleaned with a topical antiseptic solution before a local anaesthetic is injected to where the entry points will be. This may sting and be slightly uncomfortable

- The biopsy device is guided into position using the ultrasound scanner.
- A further local anaesthetic is injected deeper inside you, around the prostate area. Again this could be initially uncomfortable
- We usually take approximately 14 biopsies but this could be more or less dependent upon your history and MRI results.
- At the end of the procedure we apply a spray on dressing or a dressing pad to your perineum that is held in place with adhesive tape. This can be removed once you return home
- The procedure takes approximately 10 to 20 minutes to complete.
- You should expect to stay in the department for up to an hour. Your observations will be recorded and we will ask you to pass urine prior to going home. During this time we will make you a hot drink if you like and provide some light refreshments.

Are there any after effects and risks?

The possible after effects are listed below. Some are self-limiting or reversible, but others are not. The impact of these after effects can vary from patient to patient; and you should ask the clinician's advice about the risks and their impact on you as an individual:

- It is very likely for you to see blood in your urine and may last for up to 10 days.
- You are likely to see blood in your semen – this can last up to six weeks (this poses no risk to you or your sexual partner).