

Having a transperineal prostate biopsy

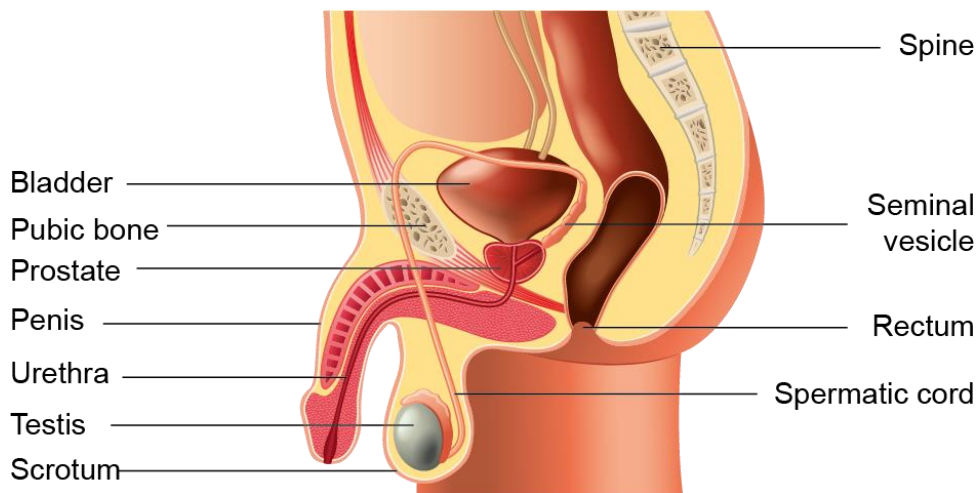
Other formats

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This leaflet is written for patients, their family and any carers. It provides information about prostate biopsies for men who are considering this procedure. The leaflet goes through the indications, benefits, risks and procedure associated with this biopsy.

What is a prostate?

The prostate gland produces the white fluid that becomes part of the semen. It is located below the bladder and in front of the rectum and is roughly the size of a walnut. It frequently enlarges in older men and can obstruct the flow of urine. It is also one of the most common sites of cancer to occur in men.



What is MRI of the prostate?

Magnetic Resonance Imaging (MRI) is a type of scan that uses magnets to evaluate your prostate. The scan is done in the radiology department. MRI can help the doctor identify any abnormality in the prostate which may need to be sampled with prostate biopsy.

What is a transperineal prostate biopsy?

A biopsy involves taking small samples of tissue from the prostate gland. It is done when it is suspected that there is an abnormality, such as prostate cancer, within the gland. This is usually suspected if the prostate is felt to be abnormal on examination, or if a blood test, called PSA, is abnormally raised.

These samples are then analysed by a histopathologist (doctors who diagnose and study disease using expert medical interpretation of cells and tissue samples).

The biopsy can find out whether any of the prostate cells have become cancerous or, if there is pre-existing cancer, whether the cancer has changed.

Why is it needed?

There are a number of reasons why you might have been advised to have a prostate biopsy:

- You may have had a blood test showing a high level of prostate-specific antigen (PSA). PSA is a protein that is released into your blood from your prostate gland. High levels of PSA may indicate prostate cancer.
- Your doctor/nurse specialist may have found a lump or abnormality during a digital rectal examination (DRE). A DRE is where a doctor feels your prostate gland through your rectum (back passage) with his/her index finger.
- You may have had an MRI scan of the prostate that may have showed abnormal areas to target in your prostate. A prostate biopsy clarifies whether the abnormal areas harbor prostate cancer or not.
- You may have a known diagnosis of prostate cancer that has not required treatment and your doctor/nurse specialist might have recommended you enroll in active surveillance of prostate cancer

The biopsy can find out whether any of your prostate cells have become cancerous or, if you have pre-existing cancer, whether the cancer has changed.

It can help find out how aggressive any cancer may be and help us to decide what treatment options would be recommended.

What are the alternatives?

Occasionally the doctor may recommend observation and regular PSA blood test instead of the prostate biopsy if the suspicion of prostate cancer is low. Generally, if there is suspicion of cancer and if your body is fit to undergo curative treatment for prostate cancer, the doctor will recommend a prostate biopsy.

Although an MRI may be reassuring, it cannot completely exclude having prostate cancer therefore in some instances we recommend having a biopsy even if your MRI scan is normal.

What happens before a biopsy

Before you have a biopsy, you should let the doctor or specialist nurse know if you:

- Are taking any medications, particularly antibiotics or anticoagulants (medication that helps to prevent blood clots from forming), including aspirin, warfarin, clopidogrel, rivaroxaban or dipyridamole. You may be advised to stop taking them for a short period or you may need to take an alternative. Your doctor will discuss this with you. If you are on warfarin, a blood test INR will be performed prior to your biopsy
- Have allergies to any medications, including anaesthetic
- Have or have ever had bleeding problems
- Have an artificial heart valve.

You should continue to take all of your medications as normal, unless you have been told otherwise by the doctor who organised your biopsy.

You may eat and drink before this procedure if you are having a local anaesthetic and we recommend that you do. If it is being performed under sedation or general you will need to fast and you will get specific instructions before you come in.

Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with prostate biopsies, by law we must ask you to sign a consent form before proceeding with the procedure. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed procedure, please don't hesitate to speak with a senior member of staff again.

What happens during the procedure?

The biopsy is usually carried out in outpatients or in day surgery as a day case, which means you will be able to come in to hospital, have the biopsy and leave on the same day. You will be sent a letter telling you when and where to come on the day of your procedure. Prostate biopsy takes 20-30 minutes to perform but you are likely to be in the department for about an hour to an hour and a half in clinic and longer if it is performed under general anaesthetic.

Having a biopsy in outpatients: You need to report to the desk in outpatients D. The doctor or the nurse will confirm your details and ask you to sign the consent form, and make sure you have the opportunity to ask any questions. Then you will be directed to the changing room where you will need change into a hospital gown. From there you go into the procedure room and lie on your back in semi sitting position on the special couch which has stirrups. You will be asked to put your legs into the stirrups. This will allow the clinician to examine you with a finger in the back passage. They will tape your scrotum out of the way and then will insert a lubricant gel in your back passage. An antiseptic solution will be used to clean the skin of your perineum (area between your scrotum and back passage).

The ultrasound probe is gently inserted afterwards to help the clinician see where the prostate is. Local anaesthetic is then given with a needle to the skin. This is the most uncomfortable part of the procedure. The injection will sting for few seconds (like an injection at the dentist).

The prostate biopsies are taken with a device that contains a spring-loaded needle. The needle is inserted into the prostate gland and removes a tissue sample very quickly. You will hear the click of the 'gun' as it is used to take the biopsy. Normally between 12-14 samples are taken. You may feel a brief, sharp pain as the biopsy needle is inserted into the prostate gland.

The clinician will put the samples in special pots and send them for analysis by the histopathologist.

If you are having the procedure under general anaesthetic, then you will see the anaesthetist as well.

How will I feel afterwards?

If you have had a local anaesthetic you will be able to go home soon after the procedure. We may require you to pass urine before you leave. You will be asked to rest for the rest of the day after your procedure.

If you have had a procedure under general anaesthetic, you will need someone to help you home, as your muscles may ache and you may feel woozy because of the anaesthetic. General anaesthetic takes 24 to 48 hours to wear off, so please rest for this period of time. Escort is not absolutely necessary if the procedure is done under local anaesthetic, however we recommend you bring someone with you.

Back at home

You may have mild discomfort in the biopsy area for one or two days after the biopsy for which you can take simple painkillers such as paracetamol. You may also notice some blood in your urine for a few days. Your semen may be discoloured (pink or brown) for up to eight weeks, and occasionally longer, after the biopsy. This is nothing to worry about. You should drink plenty of non-alcoholic fluids while you have blood in your urine. You should avoid heavy lifting and straining on the toilet (you need to well hydrate yourself and increase your fibre intake to avoid constipation after prostate biopsy).

Go to accident and emergency if:

- Your pain increases
- You have a fever higher than 100.4°F (38°C)
- You do not pass urine for eight hours and/or feeling unable to pass urine with full bladder
- You start to pass large clots of blood

What are the risks?

Although serious complications are rare, every procedure has risks. Your doctor will discuss these with you in more detail.

- **Blood when you pass urine:** This is not uncommon and can range from peachy coloured urine to rose or even claret coloured. It is rarely a sign of a serious problem. Blood in the urine is expected to last for few days and to clear gradually. A persistence of mild bleeding at the beginning when you pass urine afterwards for few more days is common. Increasing your fluid intake will usually help 'flush the system' and clear any bleeding. However, if there is persistent or heavy bleeding every time you pass urine you should go to your nearest A&E department.
- **Blood in the semen:** This is a common occurrence after prostate biopsy. Most people will get fresh looking blood initially in their semen after prostate biopsy. This can last for up to 12 weeks. Usually it fades gradually and the semen colour in the interim can turn brown before the colour become normal again. Blood in the semen will have no adverse effect on you or your partner. Some people prefer to use condoms but this is not necessary.
- **Difficulty passing urine:** It is possible that the biopsy may cause an internal bruise and swelling of the prostate that causes you difficulty passing urine. This can happen in 2 in every 100 cases and is more likely to happen in men who had difficulty passing urine before having the biopsy. Many people experience change in their urinary symptoms after prostate biopsy. This can be increased frequency of urinating, and a rush to find the toilet. It is usually a temporary change and it settles within a week or two.

Should you stop passing urine, you will need to go to your nearest A&E and you will need to have a catheter fitted to drain your bladder. A catheter is a hollow, flexible tube that is inserted through the penis opening to the bladder to help it empty the urine content.

- **Erection problems:** This is a rare occurrence and is usually temporary due to discomfort and sight of blood. Most of the time the erections return to normal levels within a week or two after prostate biopsy. A permanent problem with erection is extremely rare.
- **Infection:** This has become rare following the introduction of biopsy through the skin rather than through the back passage. However, if you develop a fever, or have pain or a burning sensation when you pass urine, you may have an infection and should seek medical attention.
- **Allergic reaction:** It is possible that you may have an allergic reaction to the medication we give you. Although the risk of this is low (less than 1 in 1,000 cases), you can reduce this risk by letting us know if you have had any previous allergic reactions to any medications or food.

Follow up

We will tell you how the procedure went and how and when you should expect to receive the results. If cancer is found it can be a big shock and you may not remember everything your doctor or nurse tells you. It can help to take someone with you for support.

We will give you advice about what to look out for when you get home and when you can return to normal activities. Your doctor or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Further information

Urology Nurse Specialists 01271 311877

Mr Misra's Secretary 01271 314129

Mr Evans' Secretary 01271 313939

Mr Jains Secretary 01271 322739

Mr Ong's Secretary 01271 311662

Mr El Gabry's Secretary 01271 313939

The Prostate Cancer Charity – Provides support and information for men with prostate cancer. 0845 300 8383, www.prostate-cancer.org.uk

Macmillan Cancer Support (all numbers freephone)

0808 808 2020 (information on living with cancer)

0808 800 1234 (information on types of cancer and treatments)

0808 801 0304 (benefits enquiry line)

www.macmillan.org.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone and online 24 hours a day.

Call 111 or visit 111.nhs.uk

NHS website

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health. www.nhs.uk

References

Prostatecanceruk.org/prostate-information/prostate-tests/prostate-biopsy

Guys and St Thomas' NHS Foundation Trust - Having a transperineal prostate biopsy.

Transperineal ultrasound guided biopsies of the prostate gland – information about your procedure from the British Association of Urological Surgeons (BAUS).

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

Royal Devon University Healthcare NHS Foundation Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.royaldevon.nhs.uk

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