



TRANSPERINEAL BIOPSY OF THE PROSTATE

Procedure Specific Information

What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.



What does the procedure involve?

This procedure involves using an ultrasound probe, inserted via the back passage, to scan the prostate. Biopsies are taken through the skin behind the testicles (the perineum) using a special grid shown below. The sampling is targeted and the number of samples taken depends on the size of the prostate, usually ranging from 30 to 50 samples.

The reason this approach is adopted is because you have already undergone a number of biopsies previously (via the rectum) which have not identified the cause of your elevated PSA. Transrectal biopsies, as you have had done before, carry a greater risk if performed in this number.

What are the alternatives to this procedure?

Observation with repeat blood tests but without biopsies

What should I expect before the procedure?

You will usually be admitted on the day of your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

If you are taking Warfarin, you must inform the clinic staff at your pre-assessment visit so that you are advised when to stop your Warfarin prior to the procedure. Usually you are asked to withhold Warfarin for 3 days. A blood test, INR, will be performed prior to your biopsy. If you are taking Aspirin, you do not need to stop these. If you are taking Clopidogrel, you must inform the medical staff because the biopsy may need to be postponed or alternative arrangements made.



After checking for allergies, you will normally be given an intravenous injection of antibiotic at the time of your anaesthetic.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

Fact File 1 • The NHS Constitution Same-Sex Accommodation

As a result of the new NHS constitution, the NHS is committed to providing same-sex accommodation in hospitals by April 2010. This is because feedback from patients has shown that being in mixed-sex accommodation can compromise their privacy. The NHS pledges that:

- sleeping and washing areas for men and women will be provided
- the facilities will be easy to get to and not too far from patients' beds

To help accomplish this, the Department of Health has announced specific measures designed to "all but eliminate mixed-sex accommodation" by 2010. These include:

- more money for improvements in hospital accommodation
- providing help and information to hospital staff, patients and the public
- sending improvement teams to hospitals that need extra support
- introducing measures so that the Department can see how hospitals are progressing



What happens during the procedure?

After the general or spinal anaesthetic has been given, a catheter will be placed in the water pipe (urethra). Your legs will be placed in special supports so that the surgeon can gain access to the skin behind the testicles and insert the ultrasound probe into the rectum. The doctor will examine the prostate through the back passage (anus) before inserting the ultrasound probe. This probe is as wide as a man's thumb and approximately 4 inches long.

In order to take samples (biopsies) of the prostate, a special grid is used so that all areas of the prostate can be covered. The biopsy needles are inserted into the prostate through the skin of the perineum, guided by the ultrasound probe. After the sampling has been completed, a dressing will be applied to the perineum and held in place with a pair of disposable pants.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- let the medical staff know if you are in any discomfort
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- ensure that you are clear about what has been done and what is the next move

The catheter will be removed the day after surgery unless you have a fever or a lot of blood in the urine. You will normally be able to go home later the same day after checks have been made to ensure that you are passing urine normally.

Following this type of biopsy, blood in the urine is common for 2-3 days, with the occasional blood clot, but this should clear quickly if you increase your fluid intake. You may expect to see blood in the semen for up to 6 weeks.

You will be given antibiotics to take home for a 3-day period.

The average hospital stay is 1 day.

Are there any side-effects?

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 urological procedure.

Common (greater than 1 in 10)

- Blood in the urine for up to 10 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
- Bruising in the perineal area
- Urinary infection (10% risk)
- Sensation of discomfort from the prostate due to bruising
- Haemorrhage (bleeding) causing an inability to pass urine (2% risk)

Occasional (between 1 in 10 and 1 in 50)

- Blood infection (septicaemia) requiring hospitalisation (2% risk)
- Haemorrhage (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
- Inability to pass urine (retention of urine)

Rare (less than 1 in 50)

- None

Hospital-acquired infection

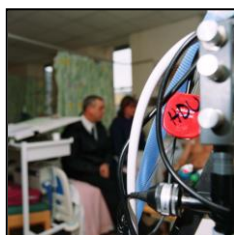
- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ask for a contact number if you have any concerns once you return home
- ask when your follow-up will be and who will do this (the hospital or your GP)
- ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed



When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.



After the procedure, it is important that you:

- sit quietly at home for the first 48 hours after the biopsies
- drink twice as much fluid as you would normally for the first 48 hours after the biopsies
- maintain regular bowel function
- avoid physically-demanding activities
- complete your 3-day course of antibiotics

Any discomfort can usually be relieved by simple painkillers.

What else should I look out for?

If you experience a fever, shivering or develop symptoms of cystitis (frequency and burning on passing urine), you should contact your GP. If there is a lot of bleeding in the urine, especially with clots of blood, you should contact the Urology Department.

If you develop a fever outside surgery opening hours, you must telephone the emergency number at your GP surgery so that a doctor can assess your condition.

Are there any other important points?

You will receive an appointment for discussion of the biopsy results at the time of your examination.

It will be at approximately 14 days before the pathology results on the tissue removed are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion. We sometimes need to order additional tests as a result of the discussion at this meeting and, as a result, you may receive appointments for a bone scintigram, CT scan or MRI scan before you are seen again in outpatients.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this area?



Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place, and, in particular, if any surgically-removed tissue may be stored for future study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.



All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

Who can I contact for more help or information?

For further information on the internet, here are some useful sites to explore:

[Best Health](#) (prepared by the British Medical Association)

[NHS Clinical Knowledge Summaries](#) (formerly known as Prodigy)

[NHS Direct](#)

[Patient UK](#)

[Royal College of Anaesthetists](#) (for information about anaesthetics)

[Royal College of Surgeons](#) (patient information section)

What should I do with this information?

Thank you for taking the trouble to read this publication. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this publication to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. However, if you do agree to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital record. You will, if you wish, be provided with a copy of this consent form.

I have read this publication and I accept the information it provides.

Signature..... Date.....



How can I get information in alternative formats?

Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.



Most hospitals are smoke-free. Smoking increases the severity of some urological conditions and increases the risk of post-operative complications. For advice on quitting, contact your GP or the **NHS Smoking Helpline** free on **0800 169 0 169**

Disclaimer

While every effort has been made to ensure the accuracy of the information contained in this publication, no guarantee can be given that all errors and omissions have been excluded. No responsibility for loss occasioned by any person acting or refraining from action as a result of the material in this publication can be accepted by the British Association of Urological Surgeons Limited.

Fact File 2 • The NHS Constitution Patients' Rights & Responsibilities

The constitution, as a result of extensive discussions with staff and the public, sets out new rights for patients which will help improve their experience within the NHS. These new rights include:

- a right to choice and a right to information that will help them make that choice
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate
- a right to certain services such as an NHS dentist and access to recommended vaccinations
- the right that any official complaint will be properly and efficiently investigated, and that they be told the outcome of the investigations
- the right to compensation and an apology if they have been harmed by poor treatment

The constitution also lists patient responsibilities, including:

- providing accurate information about their health
- taking positive action to keep themselves and their family healthy
- trying to keep appointments
- treating NHS staff and other patients with respect
- following the course of treatment that they are given
- giving feedback, both positive and negative, after treatment