
Transrectal Prostatic Ultrasound and Biopsy

This procedure involves using an ultrasound probe, inserted via the back passage, to scan the prostate. If biopsies are needed, a needle is inserted into the prostate and tissue samples (normally between 10 and 18) are taken

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

Observation with repeat blood tests but without biopsies or treatment without the information that this test provides.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
 - ~ Asasantin
 - ~ Aspirin
 - ~ Fish oil
 - ~ Iscover
 - ~ Persantin
 - ~ Plavix
 - ~ Warfarin
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

Prostatic ultrasound is usually performed under twilight sedation. You will usually be admitted on the day of the procedure. You will be asked not to eat or drink for at least 6 hours before the procedure.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse. The specialist registrar may perform the procedure in conjunction with Dr Campbell and with your permission.

Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation. If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

Transrectal Prostatic Ultrasound and Biopsy continued...

Do I need to do anything special before my procedure?

Please inform Dr Campbell of any blood thinning agents or herbal remedies that you might be taking these will probably need to be stopped prior to your procedure. If you are taking warfarin special arrangements will need to be made prior to stopping it. Clopidogrel will likewise need to be stopped.

If you have no allergies to trimethoprim it will be prescribed for 3 days prior to the procedure and for 4 days afterwards. A microlax enema will be ordered for the night before the procedure and the morning of the procedure.

You will need to not drink or eat anything for 6 hours prior to the procedure and to have an enema at least 2 hrs prior to the operation.

During the procedure

The anaesthetist will administer intravenous antibiotics prior to the procedure. Intravenous sedation will also be given. The prostate will be examined 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. During the examination which takes up to 20 minutes, you will not be aware or remember any of the procedure.

In most cases it will be necessary to take samples (biopsies) of the prostate. The taking of biopsies passing a needle through the centre of the probe which is activated by a spring-loaded device. If a series of samples need to be taken, the prostate may feel "bruised" by the end of the procedure. It is usually necessary to take between 10 and 15 samples.

The procedure takes approximately 30 minutes to complete.

Immediately after the procedure

When no samples have been taken, there are no side-effects. If biopsy samples have been taken, blood in the urine is common for 2-3 days but this clears quickly if you increase your fluid intake. Bleeding may also occur from the back passage for a short period and in the semen for up to 6 weeks.

If biopsy samples are to be taken then prior to the procedure you will have been given antibiotics to take when you get home.

The average hospital stay is less than 1 day.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Blood in the urine
- Blood in the semen (may last for up to 5 weeks)
- Blood in the stools
- Sensation of discomfort from the prostate due to bruising

Occasional (between 1 in 10 & 1 in 50)

- 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)

- Haemorrhage (bleeding) causing an inability to pass urine (2% risk)
- Blood infection (septicaemia) requiring hospitalization (2% risk)
- Haemorrhage (bleeding) requiring hospitalization (1% risk)
- Mortality (very rare)

Transrectal Prostatic Ultrasound and Biopsy continued...

General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

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 1,250)

(These rates 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?

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 in the prostate area can usually be relieved by simple painkillers.

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

What else should I look out for?

If you experience a fever, shivering or develop symptoms of cystitis (frequency and burning on passing urine), or if there is a lot of bleeding in the urine or from the back passage, especially with clots of blood, you should contact Dr Campbell or your family doctor as you may need admission to hospital for antibiotics or the insertion of a urinary catheter.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

Are there any other specific 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.

Administering an enema

- Hold the enema upright so it does not spill
- Remove the blue cap
- Lubricate the nozzle (preferably with a water based gel like KY jelly)
- Lie on your left side with your knees drawn up towards your chest
- Insert the nozzle through your anus into your rectum
- DO NOT force the nozzle in – relax and change the direction slightly if you are having trouble
- Squeeze the entire contents of the tube into your rectum
- Wait for about twenty minutes to half an hour before going to the toilet if you can

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

Transrectal Prostatic Ultrasound and Biopsy continued...

Who can I contact for more help or information?

Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,
Chasely St,
Auchenflower, QLD 4066
(07) 3367 1608,
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
www.uhc.com.au/wesley

The Wesley Emergency Centre

451 coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

**The Queen Elizabeth II Jubilee Hospital,
Urodynamics Department**

Kessels Rd,
Coopers plains, QLD 4108
(07) 3275 6346

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.UrologyHealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

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

Signature

Date
