
Transrectal prostatic ultrasound and transperineal biopsy

An ultrasound probe scans the prostate.
Biopsies are taken through the skin
behind the testicles (the perineum).

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.

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
 - ~ Pradaxa
 - ~ 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, Asasantin, Pradaxa, Xaralto or Pesantin 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 regards to risks and benefits.

After admission, you will be seen by 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 your procedure in conjunction with Dr Campbell and with your permission.

Where do I go for my procedure?

The admission 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 transperineal 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 (Plavix) will likewise need to be stopped.

Antibiotics 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.

During the procedure

The anaesthetist will administer intravenous antibiotics prior to the procedure. Once general or spinal anaesthetic has been given, your legs will be placed in special supports so that access can be gained to the skin behind the testicles and allow the ultrasound probe to be inserted into the rectum.

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 10 cms 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 using this grid, guided by the ultrasound probes and previous MRI image (if performed).

The operation takes approximately 60 minutes to complete.

Immediately after the procedure

The catheter will usually be removed the day after the surgery, and normally you will be able to go home later that day.

Following this type of biopsy, blood in the urine is common for two to five 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 six weeks. Perineal bruising is common but don't be alarmed as it is only skin bruising and may involve an area of larger than that covering the needle entry points. You will be given antibiotics to take home for a three day period.

The average hospital stay is overnight.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. 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.

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 for up to 10 days
- Blood in the semen – this may last up to six weeks but is perfectly harmless and poses no problem for you or your sexual partner
- Bruising in the perineal area
- Urinary tract 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 & 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)

- Urinary infection (1%)
- Blood infection (septicaemia) requiring hospitalisation (1%)
- Bleeding requiring hospitalisation (1%)

Hospital-acquired infection

- Colonisation with MRSA (0.02%; 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(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).

Transrectal prostatic ultrasound and transperineal biopsy continued...

What should I expect when I get home?

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

It is important that you:

- ~ Undertake only non-strenuous activity 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 four 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 Dr Campbell's rooms on (07) 3367 1608.

If you experience difficulty passing urine, this requires urgent action and you should contact your GP or attend the Emergency Department of your local hospital. Similarly, if you develop a fever you should contact your GP so that your condition can be assessed.

The Wesley Hospital Emergency Centre (07) 3232 7333, the Greenslopes Private Hospital Emergency Centre (07) 3394 7111 and St Andrew's Emergency Centre (07) 3834 4455 are other resources that are also available.

Are there any other specific points?

A appointment will have been made for you to see Dr Campbell to discuss the results of the biopsy.

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.

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Who can I contact for more help or information?

Dr Peter Campbell

Suite 1, 530 Boundary St (cnr North St)
Spring Hill, QLD 4000
(07) 3367 1608
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

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

The Wesley Emergency Centre

451 Coronation Dr,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

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

Greenslopes Private Hospital Urology Ward

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

Greenslopes Private Hospital Emergency Centre

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

**St Andrew's War Memorial Hospital
Emergency Department**

457 Wickham Tce
Brisbane, QLD 4000
(07) 3834 4455
www.standrewshospital.com.au

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 procedure, 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
