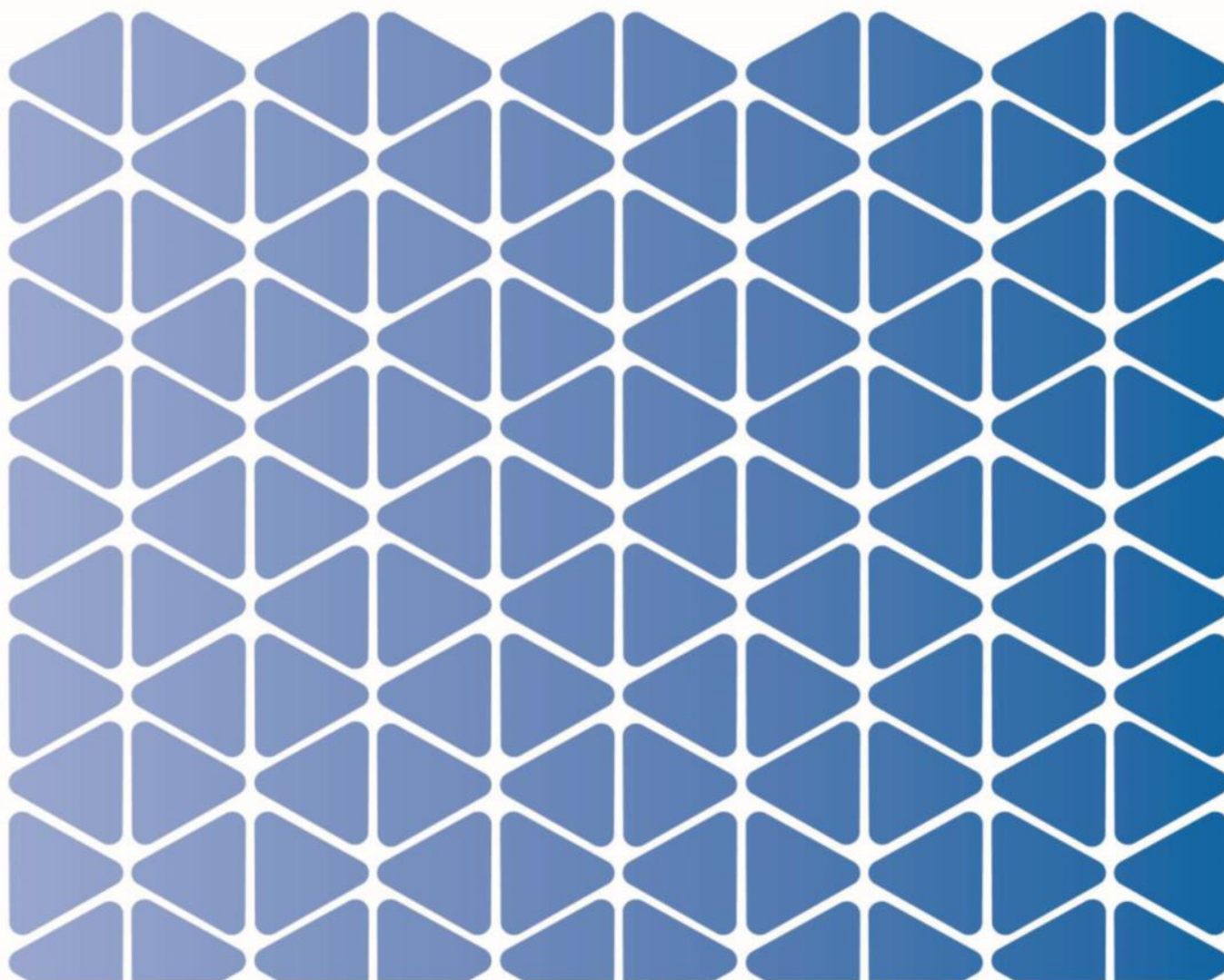


PATIENT INFORMATION

# TRANSRECTAL ULTRASOUND SCAN AND BIOPSY OF PROSTATE



# Department of Urology

## Investigative procedure information leaflet

It has been recommended that you have an examination and procedure of your prostate using ultrasound (sound waves). Using ultrasound to guide the process, 12 to 20 biopsies are taken from your prostate with a special needle passed through the ultrasound probe. The examination will determine what problems (if any) there are with your prostate gland and allow your doctor/consultant to advise the best treatment for you.

This leaflet explains some of the benefits, risks and alternatives to the procedure. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail. We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

### What happens on the day of the procedure?

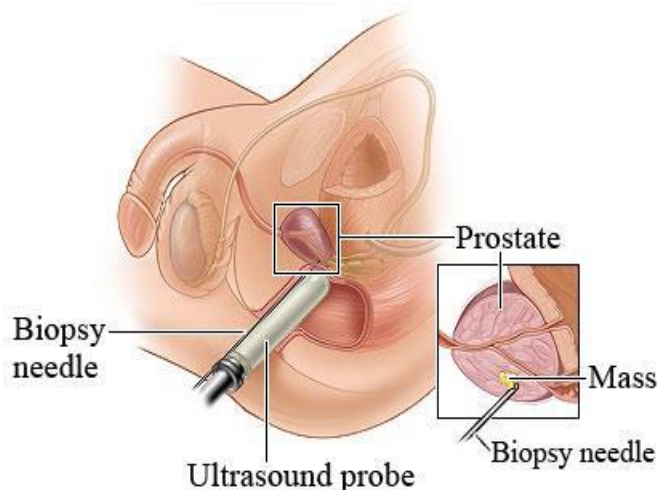
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

We do almost all transrectal prostatic biopsies under local anaesthetic. If, for any reason, your procedure needs to be done under a general anaesthetic, an anaesthetist will see you to discuss the type of anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing while you are anaesthetised, and passing into your lungs. Your medical team will decide whether you need to continue with these after you go home.

### Details of the procedure

- we normally carry out the procedure under local anaesthetic although, very occasionally, we do it under a brief general anaesthetic.
- before the procedure, we will give you antibiotic tablet and injection, after we have checked carefully for any allergies



- we ask you to undress, change into a gown and lie on a couch on your left side, with your knees drawn up to your chest
- we normally examine your prostate first, by rectal examination, before inserting the ultrasound probe
- the probe is as wide as a man's thumb and approximately 10 cm (four inches) long
- you may feel some vibration from the probe whilst it is scanning
- in most patients, we take biopsies from the prostate by passing a special biopsy needle through the ultrasound probe (pictured)
- before we take any biopsies, we inject local anaesthetic around your prostate to reduce any discomfort
- the biopsy needle is a spring-loaded device which makes an audible "click" each time it is activated
- we normally take 12 to 20 biopsy samples
- at the end of the procedure, your prostate may feel "bruised"
- the procedure takes 20 to 30 minutes to perform
- you should expect to go home on the same day as your biopsies, or within 24 hours if you have a general anaesthetic

### **Benefits of the procedure**












The aim of the procedure is to find out if there is an abnormality with your prostate gland and obtain a biopsy for a laboratory diagnosis.

### **Serious or frequent risks**

All procedures have some risks attached. A transrectal ultrasound scan and biopsy is considered to be a safe procedure. Although there are no known risks associated with ultrasound itself, occasionally complications can arise because of the test's invasive nature.

Most people will not experience any serious complications from the procedure.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately.

After-effect	Risk
<b>Please note:</b> the after-effects listed below are seen only if you have had prostate biopsies taken	
Blood in your urine	 Almost all patients
Blood in your semen which can last for up to six weeks (this poses no problem for you or your sexual partner)	 Almost all patients
Blood in your stools (from your bowel)	 Almost all patients
Discomfort in your prostate from bruising due to the biopsies	 Between 1 in 2 & 1 in 10 patients
Infection in your urine requiring antibiotics	 1 in 10 patients (10%)
Temporary problems with erections caused by bruising from the biopsies	 1 in 20 patients (5%)
Bleeding which makes you unable to pass urine (clot retention)	 1 in 50 patients (2%)
Septicaemia (blood infection) requiring emergency admission for treatment	 1 in 50 patients (2%)
Failure to detect a significant cancer in your prostate	 Between 1 in 10 & 1 in 50 patients
Bleeding in your urine or bowel requiring emergency admission for treatment	 1 in 100 patients (1%)
Need for a repeat procedure if biopsies are inconclusive or your PSA level rises further	 Between 1 in 50 & 1 in 250 patients

## What are the alternatives?

- **Observation with repeat blood tests** – repeating your blood tests and only investigating further if the tumour marker levels rise
- **MRI scanning**– using advanced multiparametric MRI scanning, it may be possible to detect tumour(s) in your prostate at an early stage. According to international guidelines we carry out an MRI scan of your prostate gland before your prostate biopsy and will use it to target any possible abnormal areas seen in your prostate.
- **Transperineal ultrasound-guided prostatic biopsies**– taking multiple biopsies under general anaesthetic using a biopsy needle passed through your perineum (the skin between your scrotum and anus) guided by ultrasound

## On the day of your procedure

If you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

We will welcome you to the procedure room and check your details. Prior to the examination the Consultant Radiologist / practitioner who will be carrying out your examination will be available to answer any queries you may have. You will also be given some antibiotic tablets and an antibiotic injection. Please let us know in advance if you are allergic to any antibiotics or other drugs. You may eat and drink normally on the day of the procedure.

## Your anaesthetic

A general anaesthetic is not usually required but some local anaesthetic will be injected into your rectum (back passage) to help ensure that you are comfortable during the procedure.

## Your normal medicines

We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you:

**Clopidogrel, Dabigatran, Apixaban, Rivaroxaban Dipyridamole, Cilastazol, Prasugrel or any other blood thinning or anti-platelet drugs**

If you are taking any of these regularly please ring the Imaging department on 01562 513221. We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the referring clinician.

## Warfarin

If you are taking Warfarin, it will need to be stopped prior to the procedure and alternative medication may be arranged with your referring clinician. Please ring the Imaging department on 01562 513221. We will need to know why you are taking this and what your target INR is. You will need to have your INR tested the day before/or morning of your procedure with your GP surgery.

### **After your investigation**

If everything is satisfactory you will be allowed home, once you are feeling well enough to do so. We will need you to pass urine before you go. It is advisable to arrange for someone to drive you home following your procedure. If you live alone we may require you to stay in hospital overnight following procedure. Please ring the Imaging department on 01562 513221 at least 1 week prior to procedure.

### **Leaving hospital**

You may eat and drink normally on the day of the procedure.

Once home, it is important to rest quietly for the remainder of the day.

If you have any of the following;

- o excessive bleeding;
- o difficulty in urinating;
- o experience excessive sweating;
- o experience excessive shivering; or
- o generally feel unwell.

**Please attend the local A&E department at Alexandra Hospital, Redditch (not minor injury unit) with this leaflet.**

Excessive sweating, shivering or feeling generally unwell could be signs of an infection and will require a full course of antibiotics.

### **Analysing the biopsy removed**

We will normally send the samples to a special laboratory in the hospital for tests. The results will not be available on the day of the examination. They will be sent to your referring consultant who will usually either write to you or arrange an outpatient appointment.

**Please let the Imaging Department know if you have;**

- had a heart valve replacement;
- suffered from endocarditis;
- had a pulmonary shunt inserted; or
- a catheter inserted into your bladder.

### **Contact details**

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following for information about your appointment:

- Urology Nurse Specialist Helpline 01905 760809  
(Monday - Thursday 08.30 - 16.30 and Friday 08.30 - 13.00)
- Alexandra Hospital:
  - Secretaries: 01527 512155
  - Urology Intervention Centre (UIC) 01527512016
  - Ward 17 Nursing Staff: 01527 512045 or 01527 503030 ext: 44045 or 44046
  - Ward 18 Nursing Staff: 01527 507967 or 01527 503030 ext: 44106 or 44050
  - Sharon Banyard, Laura Grazier Urology Nurse Specialist
  - Jackie Askew, Uro-oncology Macmillan Nurse Specialist
- Kidderminster Hospital and Treatment Centre:
  - Secretaries: 01562 513097
  - Penny Templey, Aimee England, Urology Nurse Specialist
  - Sarah Holloway and Kerry Holden, Nurse Specialist – Survivorship Programme: 01562 512328
- Worcestershire Royal Hospital:
  - Secretaries: 01905 760766
  - Helen Worth, Lisa Hammond, Urology Nurse Specialists

## Other information

The following internet websites contain information that you may find useful.

- [www.patient.co.uk](http://www.patient.co.uk)  
Information fact sheets on health and disease
- [www.rcoa.ac.uk](http://www.rcoa.ac.uk)  
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
On-line health encyclopaedia
- [www.worcestershirehealth.nhs.uk/acute\\_trust](http://www.worcestershirehealth.nhs.uk/acute_trust)  
Worcestershire Acute Hospitals NHS Trust

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.