



PATIENT INFORMATION

TRANSRECTAL ULTRASOUND SCAN AND BIOPSY



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Imaging Department

Investigative procedure information leaflet

Name of procedure: Transrectal ultrasound scan and biopsy

It has been recommended for you to have an examination of your prostate using ultrasound (sound waves). 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.

During the procedure you will be asked to lie on your left side. The ultrasound probe will then be gently inserted into your rectum (back passage) and images will be shown on the television screen. A needle will be inserted alongside the probe into the prostate gland and several samples will be taken.

This leaflet explains some of the benefits, risks and alternatives to the procedure. We want you to have an informed choice so you can make the right decision. Please ask your radiological 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 is enclosed with this leaflet. Please sign where indicated, in the yellow box on the second page, and bring it with you on the day of your appointment.

Intended 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

- Everything we do in life has risks. 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. These include:

1. Bleeding:

- There may be bleeding from your back passage or in your urine. Blood may also be present in your semen and this can last a couple of weeks. Our previous patients have reported that one third have no bleeding at all, one

third have bleeding that lasts up to 3 days and one third have bleeding that can last up to two weeks or so. The bleeding will normally stop on its own.

2. Infection:

- There is a small risk of infection as the examination is carried out through the back passage. Our patients have had a proven infection in their urine about 3 in every hundred cases. You will therefore be given antibiotics as a precaution before your examination.

3. Difficulty passing urine:

- Some men who have had difficulty passing urine prior to the procedure may have an exacerbation of their symptoms after the biopsy, and a small number may not be able to pass urine. This is due to inflammation of the prostate after the biopsy. If you are not able to pass urine, you need to contact your general practitioner or out of hours service urgently.

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

Other procedures that are available

There are no real alternative procedures which would obtain a sample from the right parts of the prostate gland.

Your anaesthesia

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.

On the day of the procedure

We will welcome you to the Ultrasound Department and check your details.

Prior to the examination the Consultant Radiologist 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. Please let us know in advance if you are allergic to any antibiotics or other drugs.

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 your medication with you.

Aspirin:

If you are taking aspirin regularly, please stop 5 days before the biopsy unless you have a high risk indication e.g. have had a cardiac stent inserted within the last twelve months.

Clopidogrel, Dipyridamole, Cilostazol or Prasugrel:

If you are taking any of these regularly please ring the Imaging Department. 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, Dabigatran and Rivaroxaban:

If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please ring the Imaging Department on the number given on your appointment letter. We will need to know why you are taking this medication and what your target INR is.

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.

You may eat and drink normally on the day of your procedure. You will need to arrange for a relative or friend to collect you from the ward and drive you home.

During the investigation

Before the procedure you will be asked to remove any glasses, dentures or jewellery that you may be wearing. In the examination room you will be made comfortable on an examination couch.

Some local anaesthetic gel will be injected into the rectum (back passage). The ultrasound probe will then be gently inserted into your rectum and images will be shown on the television screen. Local anaesthetic will be injected alongside the prostate gland and the nerves that run along both sides of the gland. Pictures and measurements will be taken.

A needle will be inserted alongside the probe into the prostate gland and several samples will be taken. The ultrasound probe and needle will then gently be removed.

After your investigation

We will usually take you back to the recovery area where you will be looked after by the nursing staff. If everything is satisfactory you will be allowed home. You must arrange for someone to drive you home following your procedure.

Leaving hospital

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

If you have any of the following;

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

Please contact your family doctor (G.P).

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 out patient 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:

- Ultrasound Department, Worcestershire Royal Hospital (Phone 01905 760614)
- Helen Worth, Urology Specialist Nurse, Worcestershire Royal Hospital (phone 01905 760875)

Additional Information

The following Internet websites contain additional information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease.
- www.nhsdirect.nhs.uk
Online Health Encyclopaedia and Best Treatments Website.

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

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.