



## **TRUS Prostate Biopsy**

*We recommend that you read this carefully in order to prepare yourself or family members for the proposed procedure. If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure. We may clarify any pertinent issues. "An educated patient is the best patient."*

### **Definition**

A prostate biopsy involves taking multiple small tissue samples from the prostate for evaluation by a pathologist (doctors who examine tissues under a microscope). We use ultrasound technology to accurately guide our prostate biopsy needle. Prostate biopsies are not perfect in their ability to detect prostate cancer. At this point in time, however, there is no other method to differentiate benign tissue from malignant tissue in a patient with a suspicious PSA (prostate specific antigen) or rectal examination. It is possible that a very small area (microscopic) of cancer could be missed. We may take samples that reflect each of the different zones of the prostate gland. For larger prostates, we may take a few extra samples.

### **Why do I need this procedure?**

An abnormal prostate specific antigen (PSA) or an abnormal digital rectal examination may indicate the presence of prostate cancer. Your urologist has recommended that you undergo an ultrasound guided prostate biopsy to help determine if you have cancer in your prostate gland.

### **Preparation**

The procedure cannot be performed if you are currently taken or have recently taken any medications that may interfere with your ability to clot your blood (blood thinners, aspirin, plavix, Coumadin, anti-inflammatory medications, etc.) The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over the counter). Please refer to the attached list and tell us if you took any of the the medications within the last 7 days. We will have reviewed all of your current medications with you during the pre operative consultation. You are obligated to inform us if anything has changed since your previous visit.

You do not have to fast in order to have a prostate biopsy. It is recommended that you eat a very light breakfast. If you are diabetic, make sure you do not miss your regular meal. You may be asked to take an enema prior to the biopsy. The first enema is usually administered 1 hour before bed the night before your biopsy. The second should be administered 1-2 hours prior to your procedure. Each physician has their own regimen, and they will let you know about the number of enemas and the time that they should be administered.

You will be given an antibiotic to take prior to your prostate biopsy. At a minimum, you will take 1 antibiotic tablet/pill approximately 2-3 hours prior to your prostate biopsy. Some physicians choose to have you take an antibiotic beginning the day prior to your biopsy and to continue the antibiotic until the day after your biopsy. Your urologist will send the antibiotic to your pharmacy on the day of your consultation so it will be ready for you at your convenience.

If possible, have a friend or family member come with you the day of your procedure to keep you company and drive you home. While it is not absolutely necessary, we would prefer that you have someone accompany you. In some cases, a patient can unexpectedly feel light-headed or uncomfortable after any procedure. If you do not have anyone available, we may ask that you relax for a while in our waiting room after the procedure.

## **Procedure**

To review the basics of what we discussed in the office: The procedure typically takes 5-15 minutes. Some urologist may give you an oral sedative medication before the procedure. This may be helpful in patients who are extremely anxious. You will be placed lying on your side on an examination table. A numbing lubricating jelly will be placed into your rectum. An ultrasound probe will be gently placed into your rectum. Although it is slightly uncomfortable, very few patients believe it is painful. We will then inject a local anesthesia (numbing) agent around the prostate gland. This can feel like a "bee sting". We will then take the biopsies with a small needle. You will hear a click or snap sound for each biopsy and feel a little pinch. Again, while most admit it is uncomfortable, very few claim that it is actually painful. The amount of cores taken will depend on the decision of your urologist, your anatomy, and possibly whether you have had a prostate biopsy done in the past.

## **Post Procedure**

After the procedure, you might feel a bit sore in the rectal or anal area for a few hours. We rarely hear of problems beyond that, although some patients with hemorrhoids might have discomfort a bit longer. It is very common to see some blood from the rectum, on the stool with the next bowel movement, or on the toilet paper especially for the first few days after the procedure. You may commonly see blood in your semen (ejaculation) for 1-2 weeks after the procedure. It might be red or brown colored.

You have no restrictions after the biopsy other than to take it easy for the remainder of the day. If possible, have a driver available.

## **Expectations of Outcome**

After the biopsy, the specimens are sent to a pathology laboratory for evaluation by a trained pathologist. We cannot give you any accurate information from the ultrasound appearance of the prostate or from the look of the tiny specimens that we remove with the needle. We understand that you are anxious to have the results and can only ask for your patience. We will discuss the results at your scheduled follow up visit. It usually takes 1 week to get the results.

## **Possible Complications**

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from the anesthesia complications, it is important that every patient be made aware of all possible outcomes which may include, but are not limited to:

- **Excessive Bleeding from the Anus:** It is uncommon to require any treatment, and the majority of time the bleeding stops on its own. This is far more common in patients with hemorrhoids.
- **Urinary Retention:** Even in the absence of bleeding, the prostate can become swollen from the biopsy or secondary to infection. In this instance, a catheter will be placed and your doctor will discuss the next step. Usually the problem resolves with time because the prostate swelling resolves. Sometimes, medications are given that may help to open the prostate channel. Patients at greater risk are those who already have difficulty urinating before the procedure due to BPH (Benign Prostatic Hyperplasia).
- **Urinary Tract Infection or UroSepsis:** Although we may give you antibiotics, it is still possible for you to get an infection. It may be a simple bladder infection that presents with symptoms of burning with urination, urinary frequency, and a strong urge to urinate. This will usually resolve within a few days of antibiotic administration. Because a

prostate biopsy is performed through the rectal wall, there is a risk for a more severe infection. If the prostate gland becomes infected, the infection could enter the bloodstream and you may feel very ill. This type of infection presents with both urinary symptoms and any combination of the following: fever, shaking chills, weakness, dizziness, nausea and vomiting. You may require a short hospitalization for intravenous antibiotics, IV fluids, and observation. This problem is more common in diabetics, patients on steroids, or patients with a weakened immune system. **If you have symptoms suggesting any of the above after your discharge from the hospital or surgery center, you must contact us immediately and go to the nearest emergency room.**

*We provide this information for the patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure, and the points on this page have been covered in face-to-face consultation.*