

Transperineal Biopsies of the Prostate

Urology Department

www.ulh.nhs.uk

References

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Aim of the leaflet

This leaflet aims to provide you with information on transperineal biopsies of the prostate, including the reason for it, the procedure and side effects.

What is a transperineal biopsy?

A transperineal biopsy is a way of obtaining more prostate tissue, aiming for a more accurate diagnosis. As compared to transrectal biopsies, the biopsies are taken through the perineum (the area between the scrotum and the anus), which allows sampling of the whole gland, rather than the posterior areas of it. The procedure is carried out with ultrasound guidance. The ultrasound probe is positioned in the rectum during the procedure.

The procedure can be performed in the Outpatients Department under local anaesthesia, or where indicated, as a day case procedure under general anaesthetic. 20 to 50 samples of tissue may be taken.

Why do I need a prostate biopsy?

- You are suspected of having prostate cancer because of the combination of information provided by your PSA readings, the feeling of your prostate on rectal examination or the MRI findings, if you had one.

Why do I need transperineal prostate biopsies?

- You may have had previous biopsies carried out that did not show cancer, but the PSA remains raised and there may be a suspicion that cancer may have been missed. In this case the transperineal biopsies will allow a better sampling of the whole gland.

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Key points

- Prostate biopsies are done to check for prostate cancer
- The commonest side-effects are bleeding and reduced urinary flow, but infection is rare, particularly with transperineal biopsies
- Many of the prostate cancers diagnosed are not life-threatening; they may require no active treatment, only careful monitoring

- Your MRI scan may have indicated there is a lesion on a certain area of the prostate which needs to be investigated via the perineum.

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 multiparametric MRI scanning. It may be possible to detect tumour(s) in your prostate at an early stage.
- Transrectal ultrasound-guided prostatic biopsies, usually taken under local anaesthetic with a biopsy needle passed through the ultrasound probe.

Blood thinning medication

Please check with the nursing team, when to stop your blood-thinning medication.

You will also be instructed on whether you need to replace this with heparin injections and when you can restart it.

What should I expect before the procedure?

- If your diagnostic procedure is due to be performed under general anaesthetic, you will receive a pre-operative assessment appointment, approximately one week before the biopsy, to assess your general fitness and to discuss the procedure and preparation further. On the day of the procedure you will see the surgeon and the anaesthetist. The expectation is that you will go home within the same day, after your procedure.

- If your procedure is due to be performed under local anaesthetic, you are going to be booked directly in the urology investigation suite, for your prostate biopsies. The procedure is performed with your legs in a high position (hips bent as far as possible and legs placed in supportive stirrups). If you think that this position is difficult to tolerate, then you will need to inform your doctor/nurse, as you might need the booking to be changed to general anaesthetic. Following your biopsies you can go home, after you pass urine without any problems.

What are the possible risks/side effects?

Common (greater than 1 in 10)

- Blood in the urine for up to ten days
- Blood in the semen. This may last for up to six weeks but it is perfectly harmless and poses no problem for you or your sexual partner
- Bruising in the perineal area
- Urinary infection
- Sensation of discomfort from the prostate due to bruising
- Haemorrhage (bleeding) causing an inability to pass urine

Occasional (between 1 in 10 and 1 in 50)

- Blood infection (septicaemia) requiring hospitalisation (0.1% risk)
- Haemorrhage (bleeding) requiring hospitalisation (1% risk)
- Failure to detect a significant cancer of the prostate (between 2 to 10% risk)
- Inability to pass urine (retention of urine) due to swelling of the prostate (5% risk)
- The procedure may need to be repeated if the biopsies are inconclusive or your PSA level rises further at a later stage

Advice after your biopsy

- If your procedure is performed under general anaesthetic, you are not allowed to drive for 24 hours
- Please continue any medication that you have been given to improve your urinary flow as instructed
- If you are unable to pass urine or passing large blood clots please attend the local Accident and Emergency Department
- If you feel generally unwell with shivering or fever, this could indicate infection. Please seek **urgent** medical advice as you will require antibiotics

Results/follow up

- Your results can take up to four weeks to reach your Consultant
- These results, pending on the outcome, might be discussed at the Urology Multi-Disciplinary Team meeting, held weekly on a Thursday afternoon and you will receive an appointment following that