**Urology Department**

**Having a Local Anaesthetic Transperineal Prostate Biopsy**

You have been given this leaflet because you have been advised to have a prostate biopsy.

**What is a transperineal prostate biopsy?**

A transperineal (the area between the scrotum and back passage) prostate biopsy is where small samples of tissue are taken from your prostate gland. The samples are then sent to be examined under a microscope by a Specialist.

This test is used to look for prostate cancer.

**Why do I need a prostate biopsy?**

There are a number of reasons why you might have been advised to have a prostate biopsy:

* You may have had a blood test showing a high level of prostate-specific antigen (PSA). PSA is a protein that is released into your blood from your prostate gland. High levels of PSA may indicate prostate cancer.
* Your Doctor/Specialist Nurse may have found a lump or abnormality during a digital rectal examination (DRE). A DRE is where a Doctor feels your prostate gland through your rectum (back passage) with his/her index finger.
* You may have had an MRI scan that has shown some abnormal areas in your prostate. A prostate biopsy helps to clarify whether the abnormal areas have prostate cancer within or not.
* You may have a known diagnosis of prostate cancer that has not required treatment and may require a repeat biopsy as part of the active surveillance programme.

The biopsy can help determine:

* whether any of your prostate cells are cancerous
* or, if you have pre-existing cancer, whether the cancer has changed or increased in volume

**Is there an alternative to biopsy?**

Occasionally your Doctor/Specialist Nurse may recommend observation and regular PSA blood tests or an MRI scan instead of the prostate biopsy if the suspicion of prostate cancer is low.

Generally, if there is a suspicion of cancer and you are fit to undergo the procedure your Doctor/Specialist Nurse will recommend a prostate biopsy.

**What are the risks of prostate biopsy?**

Although serious complications are rare, every procedure has risks.

* **Blood when you pass urine:** This is not uncommon and urine colour can range from light rose through to claret coloured. It is rarely a sign of a serious problem. Blood in the urine is expected to last for up to 10 days and will clear gradually. A persistence of mild bleeding at the beginning of the stream when you pass urine for a few days is common. Increasing your non-alcoholic fluid intake will usually help ‘flush the system’ and clear any bleeding. **If you have persistently heavy bleeding every time you pass urine you should go to your nearest A&E Department.**
* **Blood in your semen:** This is a common occurrence after prostate biopsy. Most men will get fresh looking blood initially in their semen after prostate biopsy. This can last up to 12 weeks. Usually it fades gradually and the semen colour in the interim can turn brown before the colour becomes normal again. Blood in the semen will have no adverse effects on you or your partner. Some men prefer to use condoms but this is not necessary.
* **Difficulty passing urine:** Sometimes the biopsy causes clots to form and your prostate to swell which can cause difficulty passing urine. This can happen in 2 in every 100 cases and is more likely to happen in men who had difficulty passing urine before having the biopsy. Having the biopsy can temporarily change your urinary symptoms including increased frequency of urination, and a rush to find the toilet. It is usually temporary and settles within a couple of weeks.
* **You stop passing urine:** If this happens **you will need to go to your nearest A&E department.** You will need a temporary catheter to empty your bladder. This is a flexible hollow tube that is inserted through the water pipe opening into the bladder to help it empty. This will stay in for around a week and you will be able to return home immediately after the procedure.
* **Temporary erection problems:** 1 in 20 men will experience temporary erection problems due to bruising. The erections return to normal within a week or two. A permanent problem with erections is extremely rare.
* **Infection:** This has become rare following the introduction of biopsy through the skin between the scrotum and the back passage rather than through the back passage itself. We check your urine before the biopsy and we give you antibiotics to minimise the risk of infection. If you develop a fever, or have pain or a burning sensation when you pass urine, you may have an infection and should seek medical attention from your GP. 1 in 1000 men may experience serious infection (sepsis) and if this does occur then **you will need to attend your nearest A&E department**.
* **Allergic reaction:** It is possible that you may have an allergic reaction to the medication we give you and therefore it is important to inform us of any previous allergic reactions you have had to any medications or food. The risk is low, less than **1 in a 1,000** cases.

Please ask your Doctor or Specialist Nurse for more details if you have further questions.

**Preparing for the biopsy:**

Before you have a biopsy you must let the Doctor or Specialist Nurse know if you:

* Are taking any medications, particularly antibiotics or anticoagulants (medication that helps to prevent blood clots from forming) including **Aspirin, Apixaban, Clopidogrel, Dabigatran, Dipyridamole, Edoxaban, Rivaroxaban, Ticagrelor, Warfarin.**
* Have any allergies to any medications, including anaesthetic
* Have, or have ever had bleeding problems
* Have an artificial heart valve

**On the day of the biopsy:**

* When you arrive your Doctor/ Specialist Nurse will;
* confirm your details
* check regarding any allergies
* ask you for a urine specimen
  + ask you to sign a consent form (this states you agree to the procedure and

understand what it involves)

* If you have not already been given antibiotics to take you may be given them before the procedure.
* You will be asked to change into a gown
* Have a seat on a special chair where you will be placed in a semi sitting position.
* The chair has stirrups which you will be asked to place your legs into. This is so we can access your perineum (area of skin between the scrotum and the back passage).
* Your scrotum will be gently pulled up out of the way and secured with tape.
* The Doctor/Specialist Nurse will use an antiseptic solution to clean the skin of your perineum.

**How is the biopsy performed?**

This procedure is done via a needle puncture through the perineum.

* An ultrasound probe is gently placed into your back passage and by using high frequency sound waves, this creates an image of your prostate gland. This will help to guide your Doctor/Specialist Nurse when he/she is performing the biopsy.
* Local anaesthetic is given into the skin of the perineum. This will sting for a few seconds (like an injection at the dentist). Once this takes effect, local anaesthetic is injected around the prostate (this is likely to be the most uncomfortable part of the procedure).
* Once the local anaesthetic is working your Doctor/Specialist Nurse will begin to take the biopsies. They will take in the region of 30 biopsies and the procedure will take approximately 20-30 minutes. The biopsies are taken with a device that contains a spring-loaded needle. The needle is inserted into the prostate gland and removes a tissue sample very quickly. You will hear the click of the ‘gun’ as it is taken.
* It is normal to have a sensation of pressure in the perineum and more local anaesthetic can be given if needed.

**What happens after the biopsy?**

* You will be asked to wait in the day room for around 30 minutes.
* We will give you a drink and make sure you are able to pass urine before you leave.
* You will be asked to take it easy for the rest of the day but will be able to drive home if you can perform an emergency stop.

**At home:**

* You may experience some mild discomfort in the biopsy area for one or two days after the procedure.
* You should drink plenty of non-alcoholic fluids while you have blood in your urine.
* You should avoid heavy lifting and straining to use the toilet (try to avoid constipation following a prostate biopsy) for the following 2 weeks.

Due to the special way in which the specimens are prepared for the Histopathologist (specialist in examining the cells of the body) the results take around two to four weeks to come back. These will then be relayed to you by the Urology team, either over the phone, in writing or in person at a clinic appointment. If you have a preference please do inform the team on the day.

**Contact your GP, NHS 111 or attend your nearest A&E department if:**

* Your pain increases
* You have a fever higher than 38 C (100.4 F)
* You do not pass urine for 8 hours and/or feeling unable to pass urine with a full bladder.
* You start to pass large clots of blood
* You have persistent bleeding for more than 10 days

**Post procedure questionnaire:**

You may be asked to complete a post procedure questionnaire which will be sent out to you approximately 2 weeks after the appointment. We will enclose a self-addressed envelope. This is to help us improve the service that we offer to our patients and any comments about the pathway/procedure are very useful.

If you have any further queries, please speak to the nurse or Doctor caring for you. Urology Nurse Specialist direct number:

**Norfolk and Norwich University Hospitals** 01603 288835

**James Paget University Hospital** 01493 453510

**The Queen Elizabeth Hospital** 01553 613075

