

The Prostate Centre Guide to:

TRANSPERINEAL (TEMPLATE) BIOPSY OF THE PROSTATE M6582

You have been given this information because your doctor has recommended that we obtain some samples of your prostate tissue.

This is so that we can investigate the possibility that cancer may be present, and has been prompted by an abnormal finding such as a raised PSA blood test, suspicious rectal examination, or atypical MRI or ultrasound scan. Any one of these is an indication that something may be amiss; but biopsies are currently the only reliable way we have of confirming or excluding a diagnosis of prostate cancer.

This procedure is different from the more common Transrectal Ultrasound-Guided (TRUS) Biopsy, in which tissue samples are taken by means of a needle introduced via a probe in the rectum (back passage) and done as an outpatient procedure.

The Transperineal, or Template approach (sometimes called Saturation biopsy) is performed as a day case in hospital, under a light general anaesthetic. The prostate gland is accessed by means of needles introduced through the perineum (skin between the legs), guided by a special grid-like template.

The samples will be sent off to a laboratory and the results will be with your doctor by the time you attend for your follow-up appointment.

Why we recommend transperineal prostate biopsy

We usually suggest this type of biopsy for one of three reasons:

- You may be in a high-risk category for post-TRUS biopsy infection
- We want to obtain more samples, with better targeting, than is possible with a TRUS biopsy
- You may be unable or unwilling to tolerate the TRUS biopsy

Advantages of the transperineal approach

The transperineal approach is useful because, unlike the TRUS biopsy:

- The rectal wall is not punctured, so the risk of rectal bleeding, as well as infection, is greatly reduced
- We can take biopsies from areas of the prostate not easily accessible
- We can take many more biopsies than would otherwise be tolerated, so that it should be possible to identify even the most elusive tumour
- We can target specific areas more accurately, allowing us to pinpoint more precisely the volume and position of a tumour

Preparation

It is important to follow these instructions. Please read them carefully.

Alpha-blocking drugs

- If you are not already taking an alpha-blocker and you have provided a sub-optimal urinary flow rate your consultant may recommend that you are given a prescription for 30 days of this type of tablet (usually Flomaxtra XL/tamsulosin 0.4mg) which helps to relax the muscles of the prostate.
- You should start taking the tablets two days before the procedure and continue taking them until you have finished the packet. However, if they make you unwell in any way, please stop taking them and contact us for advice.

Antibiotics

- Prophylactic antibiotics are not usually prescribed by your consultant prior to the procedure as a dose of antibiotic is given to you intravenously during the procedure (see page 3). However, your consultant may recommend you take an additional antibiotic. If so, you will be given a prescription for five days of antibiotic tablets (usually ciprofloxacin) to be started 24 hours before your biopsy appointment.
- You must not take ciprofloxacin at the same time as any milk or yoghurt product as these can reduce the effect. The leaflet inside the box will give further details and these should be strictly followed.
- If you are allergic to any antibiotic, you must tell us so that we can arrange for you to be given another medication

Blood-thinning tablets

If you are on any medications to thin the blood, you must let us know and seek permission from your prescribing doctor/cardiologist before stopping them as you may need an interim coagulation bridging plan.

- Warfarin: stop **five days** beforehand. We will need to re-check your clotting profile the day before the procedure
- Dabigatran (Pradaxa), Apixaban (Eliquis), Rivaroxoban (Xarelto) and Edoxaban (Lixinia) : stop **two days** beforehand
- Antiplatelet medication – clopidogrel (Plavix) and/or high dose aspirin: stop **seven to ten days** beforehand following the advice of your urologist/cardiologist.

PLEASE MAKE SURE YOU CHECK WITH YOUR CARDIOLOGIST, GP OR OTHER PRESCRIBING DOCTOR THAT IT IS SAFE FOR YOU TO STOP TAKING YOUR MEDICATION.

Regular medication

You can continue taking all your other medications.

- On the morning of the procedure, remember to take all your usual medications (except diabetic and blood-thinning tablets), plus any we have prescribed, with a little water.

Eating and drinking

- In preparation for the anaesthetic you must remain “nil by mouth” (nothing to eat or drink) for at least **six hours** before your biopsy. The exception to this is water, which you should continue to drink up until the time you are admitted to hospital, or at least **two hours** before your operation time.
- Do remember to avoid milk and yoghurt near the time of taking your antibiotics.

What happens on the day

On admission

Your biopsies will be carried out at The Princess Grace Hospital or The London Bridge Hospital by your consultant or our specialist uro-radiologist and you will usually be admitted to hospital in the early morning.

Before the procedure, your doctor will sit down with you to explain the procedure and answer any questions you may have. He/she will ask about your medical history and fill out a Consent Form for you to read and sign.

The procedure

You will be transferred to the operating room for the anaesthetic. The biopsies are taken, and you will be given an intravenous infusion of the antibiotic Gentamicin as further protection against infection

Recovery

You will be transferred back to your room to recuperate. When you feel better, you can eat and drink as you like and we will monitor your bladder output until discharge. Most men are ready to go home soon after lunchtime, once the ward staff are happy that you can empty your bladder without difficulty.

Because you will have had a general anaesthetic, you should arrange for someone to collect you from the hospital. You will not be able to drive yourself.

Rarely, and if bladder emptying is difficult, then a bladder catheter will be inserted. The nurses on the ward will show you how to empty the catheter which is easily done into an ordinary toilet.

The catheter can be worn under normal clothing and should not interfere with your day-to-day activities. When you are ready, you can leave hospital in the afternoon. The catheter will be removed when you come back to the Prostate Centre 2 days later.

What to expect when you get home

Discomfort

It is unusual to feel any pain after the biopsy, other than possibly a burning sensation on passing urine. But if you are uncomfortable, mild painkillers such as paracetamol should be adequate.

Bruising

There may be some bruising around the perineum (skin between the legs) but this will disappear after a few days.

Blood in the urine

Almost everyone will notice some blood in the urine. The urine may be quite red, and may even contain small clots. The redness will pass with time, although you may notice a pinkish tinge for up to five days following the biopsy. Occasionally it can persist for up to two weeks, but it will settle on its own.

If the amount of blood increases, or more clots form, you should contact us at The Prostate Centre (contact numbers below).

Blood in the semen

It is also common to see blood in the semen following biopsy and this can occasionally be persistent, lasting up to six weeks. You may prefer to use a condom during this period. Many men find that blood in the semen is the last side effect to clear.

Possible complications

(other than the usual minor risk involved with undergoing a light general anaesthetic)

Difficulty with passing water

If a catheter was inserted at the hospital, there is a very small possibility (one in 20 patients) that you may have difficulty passing water when the catheter is removed. This is caused by swelling and bruising of the prostate gland, and is a temporary state, but may necessitate the reinsertion of a catheter.

The risk of having problems with urinating is greater if you have a considerably enlarged prostate (over 50mls in volume). If you do have difficulty in passing water after the catheter is removed, it is important to **contact us urgently** or go to your local accident and emergency department for re-catheterisation.

Infection

The number of patients becoming unwell as a result of this procedure is very small indeed. It is much less common than with the transrectal (TRUS) approach. However, you should **contact us immediately** if in the week following the procedure you:

- feel unwell or shivery
- develop a fever
- have pain when you pass urine

Contact numbers for you to use in these circumstances are on the next page.

Special instructions

Medications

Please remember to continue with your antibiotics and alpha-blockers and finish each course, even if you feel quite well.

Activity

We strongly recommend that you avoid strenuous activity (heavy lifting, cycling, core-strength gym activity) for three days after the biopsy. Otherwise, you can resume all normal activities.

Catheter Removal:

If you have a catheter in place on leaving the hospital, an appointment will be made at The Prostate Centre usually two days after the biopsy. You can expect to be at the Centre for 2-3 hours, so we can be sure your bladder is emptying and filling normally.

Bowels

Do not allow yourself to become constipated in the days after the biopsy, and try to avoid having to strain your bowels. You can help yourself by eating plenty of fruit and vegetables and drinking 1-2 litres of fluid a day; but if you find your bowels are not working normally you should buy a mild laxative (such as Lactulose) from the chemist.

Sexual activity

We advise patients to avoid sexual activity for one week after the biopsy, to help reduce the risk of infection.

Return to work/Travelling

We recommend that you take two days off work following the biopsy. If possible, you should avoid overseas travel for seven days.

Follow up arrangements

You will be given a follow up appointment to see your consultant at the Prostate Centre for the results of the biopsy, usually two to three working days after the procedure. The Patient Liaison Team member will arrange this appointment with you at the time of booking the biopsy.

CONTACT NUMBERS

for **urgent** post-biopsy medical assistance

- **The Prostate Centre** **020 7935 9720**
(9am-5pm Monday-Friday)
- **The Princess Grace Hospital (5th Floor)** **020 7908 2475**
- **The London Bridge Hospital (Urology Ward)** **0203 905 4231**
- **Dedicated Emergency Number at**
The Prostate Centre for post Biopsy patients
only during working hours **020 7487 8191**
- **Your urologist**

SHOULD YOU BE OUT OF LONDON AND NEED TO SEEK EMERGENCY ASSISTANCE, PLEASE SHOW THIS PAGE TO YOUR LOCAL MEDICAL FACILITY

**The Prostate Centre
BIOPSY INFECTION / REACTION ADMISSION PROTOCOL**

Dear Doctor,

This patient has recently had a transperineal biopsy of the prostate.

We have instructed him to contact us here at The Prostate Centre if he develops a temperature or feels unwell in the days that follow.

However, if he presents at his local hospital with symptoms of post-biopsy infection, please follow the protocol below:

(IV ACCESS REQUIRED)

- **Gentamicin: 7mg/kg in 100mls normal saline over 20mins**
- **Meropenem: 1g given 8-hourly IV**
- **IV fluid: 1 litre per 6 hours normal saline and dextrose saline alternating**
- **Paracetamol: 1g 6-hourly**
- **Send FBC, U&Es, LFT, ESR, CRP, Blood Cultures before antibiotics given**
- **Inform The Prostate Centre / Patient's surgeon or radiologist of the results**

**The Prostate Centre
32 Wimpole Street, London
W1G 8GT**

**Tel: 020 7935 9720 (9am-5pm on-Fri)
Email: info@theprostatecentre.com**

Patient's Surgeon or radiologist

Name:.....

Tel: