Urology Department

The prostate pathway

Information for men
Referral for suspected prostate problems

You have been referred to the hospital by your GP, either because your PSA (prostate specific antigen) blood test result is raised or something unusual was found on examination of your prostate.

You have been referred to be seen urgently so we can quickly find out the cause and start treatment quickly.

What happens next?

To ensure we can see you quickly, you will be contacted by telephone. Please make sure your contact details are correct.

In the initial telephone consultation it maybe decided that you need further tests. If this is the case, you will be booked for an MRI scan, followed by a biopsy of your prostate. Some hospitals do not think that biopsies are always necessary. However, as up to 30% of MRIs fail to pick up some cancers, at Oxford we believe that biopsies are vital in diagnosing prostate cancer.

The Consultant or Advanced Nurse Practitioner will organise this next appointment after talking to you, so you must be available to discuss this with them on the telephone.

Your GP will give you an information leaflet about having an MRI scan. We also have a video available:

http://tinyurl.com/ouhmri
Coming for the biopsy

If you take any medication which affects how your blood clots, such as clopidogrel, dipyridamole (Persantin), rivaroxaban, dabigatran or warfarin, you will need to stop taking this before the biopsy. This is because these medicines increase the risk of bleeding after the biopsy. If you are taking any of these medications, you will also need to check with your GP or doctor that they are happy for you to stop them.

You can eat and drink as normal before and after this visit.

What will happen when I arrive for the biopsy?

The nurse will give you two antibiotic tablets at least 45 minutes before the procedure is carried out. This is to minimise the risk of an infection developing after the biopsy.

You will be asked to change into a hospital gown. Please bring a dressing gown with you to wear over the hospital gown while you are waiting for the procedure.
How is the biopsy carried out?

The biopsy is performed in a clinic room in the Urology Outpatient Department at the Churchill hospital.

The procedure will be uncomfortable but should not be painful. Your prostate is reached through your rectum (back passage). A small probe, which is the ultrasound scanner, will be inserted into your rectum. Before we start the procedure, we will clean your rectum with an iodine-soaked sponge. The sponge is also covered in lubricating gel to help us insert the probe.

After the probe has been inserted, we will inject a local anaesthetic called lignocaine around your prostate through the wall of your rectum. We will then collect at least eight to twelve biopsies of your prostate; this will depend on the size of your prostate.

What will happen after the procedure?

You will be given a course of antibiotics, or a prescription to collect your antibiotics from the hospital pharmacy. You will need to take these antibiotics for two days after the procedure.

IMPORTANT:
You must not have any alcohol whilst you are taking the antibiotics. Alcohol can react with the antibiotics, causing potentially serious side effects.

We will aim to give you the results of this biopsy within two weeks. The results will then be discussed at your next outpatient appointment, with the doctor looking after your case.
What are the risks of having a biopsy?

- **Blood in urine** (71% (71 in 100) risk, but rarely serious)
  You are likely to have some blood in your urine. This can last for up to 3 days after the procedure. Drinking plenty of fluids will help to flush through any blood.

- **Bleeding from the rectum** (9% (9 in 100) risk, but rarely serious)
  You may experience a small amount of bleeding from your back passage during the first 2 to 3 days after the biopsy. If you have excessive bleeding or start passing blood clots at any time after the biopsy, seek urgent medical attention or go to your nearest Accident and Emergency department.

- **Blood in semen** (70% (70 in 100) risk, but rarely serious)
  You may see a small amount of blood in your semen after ejaculation; this can last up to 3 weeks. There is no risk to your partner from this blood, but you may prefer to use a condom during intercourse over this time.

- **Infection** (2% (2 in 100) risk nationally; in this hospital, 0.5% (1 in 200))
  There is a risk of an infection developing where we have collected the biopsies. This is because there are naturally occurring bacteria from bowel movements on the rectal wall.

  Very rarely, these bacteria can get into the blood stream, which may lead to blood poisoning. This would need treatment with intravenous antibiotics (into a vein) in hospital.

- **Blood poisoning (septicemia)** occurs in 2-3 in 100 men. If you feel unwell or have a fever in the hours or days after the biopsy, you must go to your nearest Emergency department for assessment and treatment. The majority of men recover from blood poisoning, but delays in diagnosis can have very serious consequences (and may even lead to death).
• **Feeling faint** (1% (1 in 100) risk)
  There is a small risk of you feeling faint immediately after the procedure.

• **Aching or discomfort** (10% (10 in 100) risk)
  You may have an aching feeling or feel uncomfortable after the biopsy. This should only last from 10 minutes to up to two hours after the procedure. You can take painkillers to help relieve any discomfort.

• If you are in a same sex relationship, please speak to one of the nurses who will give you further advice.
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk