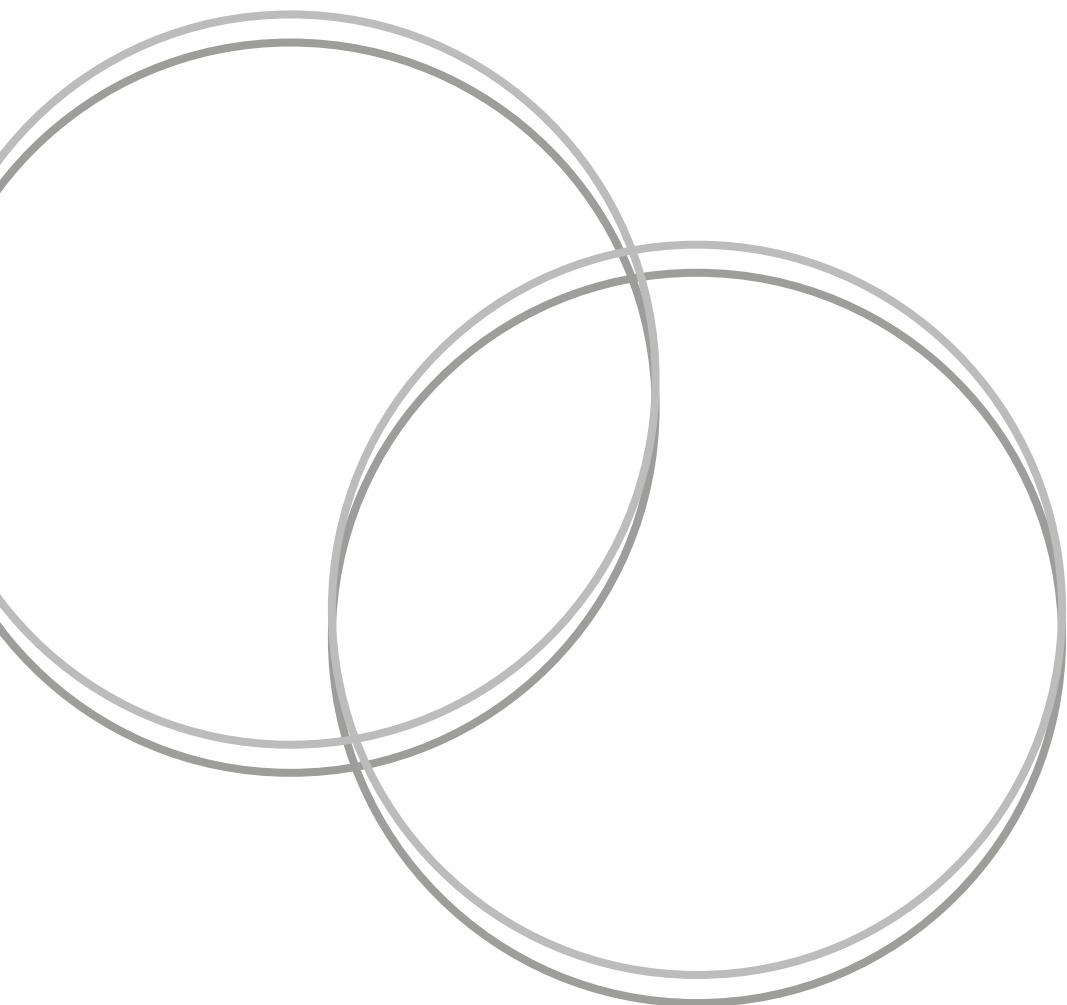




Oxford University Hospitals
NHS Foundation Trust

Transperineal prostate biopsy under local anaesthetic

Information for patients



Why have I been given this leaflet?

You have been given this leaflet because you are due to have a transperineal ultrasound guided prostate biopsy. This will be carried out under local anaesthetic (you will be awake but the area will be numbed) at the Wytham Urology Outpatient Department at the Churchill Hospital.

Please read this leaflet before you come to your appointment. The doctor or nurse practitioner will go through the information with you at your appointment and answer any questions you may still have.

What is a transperineal ultrasound guided prostate biopsy?

A prostate biopsy involves taking small samples of tissue (biopsies) from the prostate. Approximately 24 biopsies will be taken, although this will depend on the size of your prostate. These are examined under a microscope by a specialist to check whether there is cancer in the prostate.

A transperineal biopsy involves taking samples through the perineum. The perineum is the area of skin between the scrotum and the rectum (back passage).

You may be offered a transperineal biopsy because:

- You have previously had a transrectal prostate biopsy that shows no cancer, but have a high PSA level (a blood test that can indicate cancer), or have suspicious areas seen on an MRI scan.
- You have a suspicious area which has been seen on an MRI scan which may be easier to reach for a biopsy through the perineum than through the rectum.
- You have a very large prostate.
- You have known prostate cancer that has not needed treatment, but your doctor wants to check whether the cancer has changed and may require treatment.

What are the alternatives to this procedure?

- Transrectal ultrasound guided prostate biopsies, usually carried out under local anaesthetic, where the biopsies are taken through the rectum.
- Transperineal biopsies under a general anaesthetic (where you are unconscious).
- Further monitoring of your PSA or MRI scan results without further biopsies.

The most suitable option will have been discussed with you at your consultation.

Preparing for your transperineal biopsy

Can I eat and drink before the biopsy?

Yes, you can eat and drink before the biopsy.

Should I take my usual medication on the day of the biopsy?

Most medicines can be taken as usual, but some medicines need to be stopped.

Anticoagulants

If you take warfarin, this should be stopped 5 days before your biopsy. You should have an INR check the day before.

Your urology doctor should have gone through your medicines with you and discussed whether you need any heparin injections while you are off your warfarin (known as 'bridging therapy'). If you are taking another anticoagulant (rivaroxaban, apixaban, dabigatran, edoxaban), your urology doctor should have advised you when to stop taking these before your biopsy.

Please confirm with your treatment team when you should restart your anticoagulants before you leave the hospital after the biopsy.

Please telephone the Urology Nurse Practitioners if you are unsure which medications you should stop taking.

Tel: **01865 572 373**

Antiplatelets

You can continue to take low dose (75mg) aspirin.

Clopidogrel and other antiplatelet medicines should be stopped 7 days before the biopsy. If you are taking clopidogrel or another antiplatelet because you have had coronary (heart) stents inserted within the last year, please contact the Urology Nurse Practitioners to discuss, before you stop your medication.

What do I need to bring to the appointment?

Please bring:

- a list of your current medications
- a dressing gown and slippers.

What should I expect when I arrive?

Please come to the reception at the Wytham Urology Outpatient Department. You should expect to be in the department for about 2 hours. This gives us time to prepare you for the biopsy and make sure you are well afterwards. The biopsy takes about 30 minutes.

When you arrive you will be given a specimen pot and asked for a urine sample. This is to check that you do not have a urine infection. If you do, this may mean we cannot go ahead with the biopsy until it has been treated.

A nurse will go through your medications with you and ask you some questions. You will be given some antibiotics. These are to help prevent infection and need to be taken 40-60 minutes before your biopsy. You will be asked to change into a hospital gown and remove your lower clothes.

What should I expect during the biopsy?

You will be asked to lie on your back on a recliner chair, with your legs placed in supportive stirrups. To get you into the correct position to take the biopsies, the doctor/nurse practitioner will apply some tape to move your scrotum out of the way. They will also lift the supportive stirrups to bend your knees. If you find the position too uncomfortable please tell the doctor/nurse practitioner, as you will be in this position for about 20 minutes.

The doctor/nurse practitioner, will feel your prostate by placing a finger in your back passage (this is called a digital rectal examination, or DRE). They will then insert an ultrasound probe, covered in lubricating jelly, into your back passage. This allows them to see an image of your prostate on the ultrasound screen, which they will use to guide the collection of the biopsies. Inserting the probe can be uncomfortable, but should not hurt.

The doctor/nurse practitioner will use an antiseptic solution (iodine) to clean your perineum (the area through which the biopsies will be taken).

You will then be given an injection of local anaesthetic (lidocaine), to make the area go numb. This is given in two stages, first under the skin of your perineum, to numb the entry point, and then deeper, to anaesthetise around your prostate. This will sting for the first few seconds, but should soon go numb. The anaesthetic will then be given a few minutes to take full effect.

A guide tube will be inserted into your perineum; once to take samples from the left side of your prostate and then again to take samples from the right side. The biopsy needle is inserted through the guide tube to take the samples.

If you feel pain when the first biopsy needle is inserted you should let us know, as we can give you more anaesthetic.

The biopsies are taken with a device that contains a spring-loaded needle. You will hear a loud 'click' sound and feel a flicking sensation as the biopsy is taken. You may find the whole procedure uncomfortable, but you should not find the biopsies painful.

What should I expect after the biopsy?

After the biopsy you can get up slowly and get dressed. It is important to take this slowly, as you may feel quite lightheaded after the procedure.

You will be given an absorbent pad to place inside your underwear. This is because there may be a small amount of bleeding from the skin punctures and your urethra (water pipe).

If you feel faint or unwell after leaving the biopsy room, please tell the nurse. We would recommend that you have someone to drive you home, but if you are driving yourself home then you must make sure that you are feeling well. We recommend that you have a drink and something to eat before you leave the hospital.

What are the risks and side effects of having a transperineal prostate biopsy?

Most procedures have possible risks and side effects. Your doctor/nurse practitioner will go through these with you before the procedure. Please let them know if you have any questions or concerns.

What should I look out for at home?

- You may have discomfort in the biopsy area for a couple of days. If you need to, you can take paracetamol or your usual pain relief (following the dosage instructions with the packaging).
- You are likely to see blood in your urine and semen. Drink plenty of non-alcoholic fluid while there is blood in your urine, to flush any blood through.
- If you think you are getting a urine infection, please contact your GP and take a urine sample to your GP surgery to be tested.

Signs of a urine infection include:

- o cloudy and offensive smelling urine
- o pain when passing urine.

Please go immediately to your nearest Emergency Department if:

- you develop a high temperature (above 37.5°C) or chills and shivering
- after trying for 2 hours you are unable to pass urine, despite having a full bladder and drinking plenty of fluid.

Risk & side effects	How many men does this affect?
Blood in your urine for up to 10 days	Almost all men
Blood in your semen which can last up to 6 weeks. This may be red or brown in colour.	Almost all men
Bruising in your perineal area, and discomfort in your prostate, caused by bruising from the biopsies	Up to 5 out of 10 men
Temporary problems with erections, caused by bruising from the biopsies	1 in 20 men
Inability to pass urine (acute retention of urine)	1 in 20 men
Blood in your urine, preventing you from passing urine (clot retention)	1 in 50 men
Failure to detect a significant cancer in your prostate	Up to 5 out of 50 men
Need for repeat procedure if biopsies are inconclusive or your PSA level rises further	Up to 5 out of 50 men
Blood in your urine, requiring emergency admission for treatment	1 in 100 men
Infection in your urine, requiring antibiotics	1 in 100 men
Septicaemia (blood infection), requiring emergency admission for treatment	1 in 1,000 men

Research

This Trust is taking part in the government funded PathLAKE digital pathology initiative. At the moment, your biopsy samples are looked at under a microscope; part of this initiative is to develop a computer system to examine the samples on a screen instead, which we believe will benefit patients in the longer term by providing an improved service. This research, which may be funded by industry partners, also involves us looking at ways of building artificial intelligence tools (purpose-built computer programmes) to speed up diagnoses and improve outcomes.

You can tell us if you object to data relating to you being used for this type of programme. If you do not wish to take part, please tell the doctor or nurse practitioner taking the consent for your procedure. Alternatively you can choose not to take part by contacting:

Oxford Radcliffe Biobank Manager, Oxford Radcliffe Biobank,
Nuffield Department of Surgical Sciences, Level 6, Room 6607, John
Radcliffe Hospital, Oxford OX3 9DU

If you are happy to take part your personal details will be anonymised, so no-one using the data for research purposes will be able to identify you. Taking part does not require anything from you and will make no difference to the diagnosis or any treatment you receive. It just means we can use your samples after your diagnosis is made.

For further information about research please see:

www.ouh.nhs.uk/privacy/default.aspx

www.gov.uk/government/news/artificial-intelligence-to-help-save-lives-at-five-new-technology-centres

Further information

Prostate Cancer UK

Website: www.prostatecanceruk.org

British Association of Urological Surgeons

Website: www.baus.org.uk/patients

How to contact us

If you are unable to come for your appointment or have a query about your appointment time, please contact the waiting list office:

Tel: **01865 234 444** – option 2
(8.00am to 5.00pm, Monday to Friday)

To contact the Urology Nurse Practitioners:

Tel: **01865 572 373**
(8.00am to 4.00pm, Monday to Friday)

Please leave a message and they will call you back.

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

**Oxford
Hospitals
Charity**

Authors: Teresa Campbell, Urology Nurse Practitioner
Alastair Lamb, Urology Consultant
Prostate Team

Approved by SUWON Patient Information Coordinator and Lead

November 2019

Review: November 2022

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information

