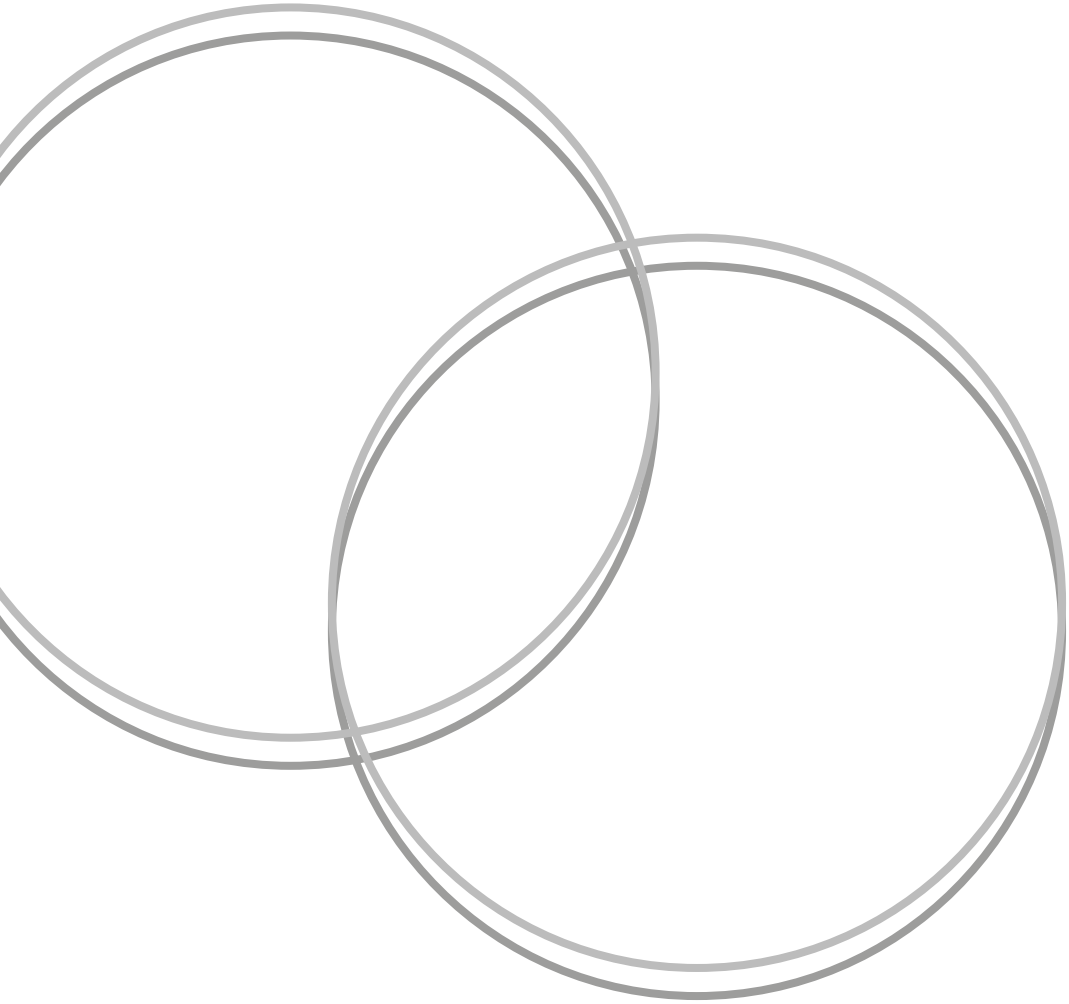
NHS
Oxford University Hospitals
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Prostate pathway

Information for patients



Why have I been given this leaflet?

You have been given this leaflet because you have been referred to the Urology Department at the Churchill Hospital, due to concerns that you may have prostate cancer. This leaflet explains the investigation pathway. The Clinical Nurse Navigator, Nurse practitioner or Doctor will go through the information with you at your appointment and answer any questions you have.

Why have I been referred?

The two most common reasons for referral are:

- A raised PSA blood test

  and/or

- An abnormal feeling prostate on examination.

PSA (Prostate Specific Antigen) is a protein released by the prostate gland which can be measured by a blood test. The PSA level can rise with age, because your prostate may get bigger as you get older. One of the reasons that your PSA may be raised is because you have prostate cancer, however there are other reasons.

Other reasons include:

- Enlarged prostate
- Prostate infection (prostatitis)
- Urine infection
- Social factors (cycling or ejaculation within 48 hours of the blood test)

Your GP may have examined your prostate by placing a finger in your back passage. This is called a Digital Rectal Examination (DRE). An abnormal feeling prostate may indicate that there is cancer in the prostate, whether the PSA level is raised or not. A raised PSA or an abnormal DRE may require investigation.

What is the prostate?

The prostate is a small gland found only in males. It is usually about the size of a walnut but can be bigger. It sits around the urethra (the water pipe) under the base of the bladder and next to the rectum. The prostate is vital for reproduction; its main purpose is to produce the fluid that mixes with sperm forming semen.

What investigations might I need?

You will be called for an MRI scan (multiparametric MRI scan) which will show if there are areas of suspicion for prostate cancer. It provides the urology team with additional information so an informed decision can be made about whether a prostate biopsy is necessary. There may be occasions when you are unable to have an MRI scan which will have been discussed with yourself at your initial consultation.

Please raise any concerns that you may have regarding your MRI with the Navigator or the radiology department.

Depending on the level of your PSA blood test, you may have an MRI scan of your bones (known as an MRI marrow) at the same time as your prostate MRI scan.

If you are unable to have an MRI scan, you will have a face-to-face consultation with a urology consultant to discuss further investigations including a prostate biopsy.

If the urology team have requested an MRI scan, you will be contacted directly by the radiology department. Your MRI scan may be at the Churchill or local departments.

The Radiology department has produced a video about having an MRI scan, which you may find useful. It can be found using this link: **tinyurl.com/ouhmri**

What might my MRI show?

The radiology doctor will review your MRI images and give your scan a prostate score from 1-5, this is called a PI-RADS (prostate Imaging – Reporting and Data System). The score ranges from low likelihood of having a prostate cancer that needs treating (PI-RADS 1-2) to high likelihood (PI-RADS 4-5). PI-RADS with a score of 3, is equivocal, which means it is unclear there is cancer that needs to be treated. If there is a suspicious area on your MRI this will be 'targeted' when performing a prostate biopsy.

The prostate MRI will also give the clinician a volume (size) of your prostate which can sometimes explain why your PSA level is raised.

What happens after my MRI scan?

10-14 days after your scan (to allow time for it to be reviewed and reported) you will have an appointment with a Urology Advanced Nurse Practitioner (ANP) or a consultant. This appointment will be your opportunity to discuss your MRI scan and the next steps for investigation.

Prostate biopsy

After your MRI results appointment, you may be contacted by one of our administrators to organise a prostate biopsy if the clinician felt this was necessary. Your biopsy will take place at the Churchill, Urology outpatient department where you should plan to be in the department 2-3 hours. We recommend you have someone drive you home after your biopsy.

If you are taking blood thinning (anti-coagulation or anti-platelet) medications, please let the ANP or consultant know as we will instruct you when you need to stop this medication prior to your biopsy.

Please DO NOT stop warfarin or any other medication without speaking with the nurse practitioner or doctor team. If you have been referred for a prostate biopsy there are separate leaflets which provide information about the procedures. You will be offered one of two types of biopsies Depending on MRI finding and infection risks. These will be discussed with you at your consultation.

Will I need any other tests?

After your biopsy, you may be called for an additional scan, 'PET scan'. This scan is to give more information to help the nurse specialist and doctors interpret your results and if needed, recommend the appropriate procedure.

How to contact us

If you are unable to come for your appointment or have a query about your appointment time:

Contact the admin team on:

Tel: 01865 234 444
(08:00am to 5:00pm, Monday to Friday)

Or

To contact the Urology Nurse Practitioners:

Tel: 01865 572 373
(08:00 to 4:00, Monday to Friday)
Please leave a message and we will call you back.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

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