

Patient Information to be retained by patient

Transperineal ultrasound-guided biopsy of the prostate gland

affix patient label

What is a transperineal (TP) ultrasound-guided prostate biopsy?

This is a diagnostic procedure intended to take samples of tissue (biopsies) from your prostate gland under a short general anaesthetic. The samples are then sent to a histopathologist, who examines the samples under the microscope for abnormal cells, such as prostate cancer.

Why do I need this procedure?

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

- Your doctor/nurse specialist 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 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 cancer.
- You may have had previous biopsy results that came back with no evidence of cancer but your PSA blood test is still suspicious.
- You may have a known diagnosis of prostate cancer that has not required treatment and your doctor/nurse specialist might want further information to plan for possible treatments or observation.
- There may be an abnormality in your prostate detected by MRI scan, which is not accessible for standard prostate biopsies.

What does it involve?

It uses an ultrasound probe in your back-passage (rectum); but unlike a standard prostate biopsy, the tissue samples are taken through your perineum (skin between your scrotum and rectum). We use a special grid, known as a template, to standardise these biopsies, and we can take up to 65 biopsies, depending on the size of your prostate.

This procedure is currently performed under a general anaesthetic (meaning you are asleep), in the Day Case Unit in West Cornwall Hospital.

Are there any alternatives?

Possible alternatives include:

- surveillance PSA blood tests
- MRI scanning
- transrectal (TRUS) prostate biopsy under local anaesthetic.

How do I prepare for it?

A pre-assessment nurse will contact you a few weeks prior to the procedure to discuss your medical history and determine whether you have any regular medication that needs to be stopped beforehand, such as clopidogrel or warfarin. Routine blood tests may also need to be taken to appropriately prepare for your biopsy.

You will be required to 'fast' (nothing to eat or drink) for a minimum period of six hours prior to the procedure.

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft)
- a regular prescription for a blood thinning agent (eg warfarin, aspirin, clopidogrel, rivaroxaban, apixaban, dabigatran)
- a present or previous MRSA infection
- a high risk of variant-CJD (eg if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

What happens on the day of the procedure?

An urologist will see you prior to the procedure to review your history, answer any questions and prepare a consent form for you to sign.

An anaesthetist will also see you to discuss the appropriate anaesthesia and any pain relief that may be required.

What happens afterwards?

A urethral catheter (bladder tube) will be placed during the procedure. This is removed once the anaesthesia has worn off and you will be discharged home once you have passed urine satisfactorily.

Simple painkillers such as paracetamol are recommended if you have any discomfort.

Are there any risks or complications?

As with all procedures, there are risks involved. However, you should be reassured that, although these complications are well recognised, the majority of patients do not suffer any problems after this procedure.

Common (greater than 1 in 10)

- Blood in your urine (haematuria) for up to 10 days
- Blood in your semen (haemospermia) for up to 6 weeks
- Bruising in your perineal area
- Pain in your pelvis and prostate area.

Occasional (between 1 in 10 and 1 in 50)

- Temporary problems with erections (erectile dysfunction) due to bruising of prostate
- Inability to pass urine (urinary retention) requiring the insertion of a catheter
- Blood in your urine that prevents you from urinating (clot retention)
- Failure of procedure to detect prostate cancer
- Need for a repeat procedure due to inconclusive results / incomplete sampling.

Rare (less than 1 in 50)

- Urinary tract infection (UTI) requiring antibiotics (1%)
- Septicaemia requiring an emergency admission to hospital (0.1%)
- Hospital-acquired infection:
 - Colonisation with MRSA (0.9% - 1 in 110)
 - Clostridium difficile bowel infection (0.01% - 1 in 10,000)
 - MRSA bloodstream infection (0.02% - 1 in 5000).

What happens when I go home?

- When you are discharged, we will give you advice about your recovery and what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.
- You will be given a copy of your discharge summary and a copy will also be sent to your GP.
- You will usually be discharged with a five day course of antibiotics to reduce the chance of any infection, and a tablet called tamsulosin for 14 days to relax the prostate to enable you to pass urine with ease following the procedure. There is a small risk of dizziness with tamsulosin so please take it prior to retiring to bed, and do not continue with it if you have this side effect.

What should I look out for?

- You will get some blood in your urine which may last several days, often with the occasional blood clot. Drink plenty of fluid to help stop this bleeding.
- You may see blood in your semen for up to six weeks – this is common.
- If the bleeding in your urine does not stop, contact your GP or specialist nurse for further advice.
- If you are unable to pass urine at all, contact your GP immediately or go to your local Emergency Department.

When will I get my results?

We will review the results of your biopsies in a multidisciplinary team (MDT) meeting within seven to 10 days. We will let you and your GP know the results as soon as possible, and arrange an outpatient appointment for you to discuss what action is needed.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any discomfort
- ask what you can (and cannot) do at home, such as returning to driving
- make sure you know what happens next
- ask when you can return to normal activities.

Contact us

If you have any questions, worries or concerns, please phone the urology clinical nurse specialists on 01872 253143.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Transperineal ultrasound-guided biopsy of prostate gland

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

A procedure performed under general anaesthetic, to take multiple prostate biopsies through the perineum to identify any signs of prostate cancer

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

- To take sequential prostate biopsy via the perineum under ultrasound-guidance to diagnose prostate cancer.

Significant, unavoidable or frequently occurring risks:

- Blood in your urine (haematuria) for up to 10 days
- Blood in your semen (haemospermia) for up to 6 weeks
- Bruising in your perineal area
- Pain in your pelvis and prostate area.

Uncommon but more serious risks:

- Temporary problems with erections (erectile dysfunction) due to bruising of prostate
- Inability to pass urine (urinary retention) requiring the insertion of a catheter
- Blood in your urine that prevents you from urinating (clot retention)
- Failure of procedure to detect prostate cancer
- Need for a repeat procedure due to inconclusive results / incomplete sampling.

Rare but serious risks:

- Urinary tract infection (UTI) requiring antibiotics (1%)
- Septicaemia requiring an emergency admission to hospital (0.1%)
- Hospital-acquired infection (MRSA/C.Diff/ESBL).

Any extra procedures which may become necessary during the procedure (including associated risks):

- Other procedure (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Transperineal ultrasound-guided biopsy of the prostate gland (CHA3995) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Transperineal ultrasound-guided biopsy of the prostate gland (CHA3995) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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