

Patient information from Gordon Muir, Consultant Urological Surgeon

Please do not rely on this information unless you have been specifically sent this by Mr Muir
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Transperineal Prostate Biopsies

You have been recommended to have transperineal biopsies of the prostate which usually involves taking between 24 to 38 biopsies from the prostate under general anaesthesia under ultrasound control.

An alternative, using the same technique, will be to take fewer biopsies targeting abnormalities seen on either MRI or PSMA-PET CTY scanning.

Unlike conventional prostate biopsies, the needles are passed through the skin rather than the rectum, reducing the risk of infection while allowing every part of the prostate to be biopsied in a systematic or accurately targeted fashion.

If abnormalities have been seen on the MRI scan, we focus biopsies on the abnormality (MRI fusion biopsy) For some men only a biopsy of the MRI abnormality is needed.

Our data suggests that this form of biopsy is more accurate than conventional techniques, giving a lower risk of missing small cancers and probably a better chance of accurately characterising low risk tumours which can be managed by active monitoring or minimally invasive therapies. Published research from our teams shows that the method we use appears to be as effective as the "saturation" biopsy technique where even more biopsies are taken with a slightly higher risk of complications.

This procedure is carried out under local anaesthesia with Entonox pain killing gas in our outpatient suite. Nervous men or those with difficulty having a digital rectal examination may prefer a very light general anaesthetic as a day case : most men are able to leave hospital within a few hours of the procedure.

No special preparation is usually needed – we do ask you to pass a bowel motion in the 6 hours before the biopsy – please let us know if this is not possible as a small enema may then be recommended.

There is a small chance of difficulty passing urine after the procedure, and if you are known to have a prostate obstruction we will probably have recommended some prostate relaxing medication to be taken before and after the procedure.

In general men can expect some bruising and heaviness of the area behind the scrotum, but severe pain is unusual. Like any procedure bleeding and infection may occur, but these are a major problem in less than one per cent of men. Some men notice a drop off in erections for a month or two following the procedure but the risk of long term erectile dysfunction from one biopsy is low.

It is common to have some blood in the urine for a week or so following the operation, and in the semen for up to a month. Possibly due to bruising around the prostate some men will get a feeling of constipation or difficulty emptying the bowels for a few weeks – laxatives may help if this happens.

Rarely a man will not be able to pass urine following a prostate biopsy – if this is the case a small catheter will be passed and left in place to rest the bladder for a few days prior to being removed – this does not affect most activities of daily life. If you do have any restriction to the flow of urine we will usually recommend an alpha blocker drug to relax the prostate prior to the biopsy,

If you are taking any anti-coagulant (blood-thinning) medication it is vital that you have discussed this with your urologist before a date is given for the biopsy. You should have nothing to eat or drink for six hours before the scheduled time of the biopsy, and you will need a responsible adult to take you home afterwards.

You must not drive, operate heavy machinery, or make any important work, financial or legal decisions in the 24 hours following a general anaesthetic.