



## PROSTATE BIOPSIES

Prostate biopsies are indicated when there is a suspicion of prostate cancer. Usually, this is on the basis of elevated PSA, abnormal prostate examination, or abnormality noted on prostate MRI scan. The overall likelihood of finding prostate cancer in this circumstance is approximately 20%. Low grade prostate cancer (early stage low risk prostate cancer) may not require active treatment and may be better suited to monitoring (active surveillance). If significant cancer is present, an early diagnosis allows consideration of treatment options at a stage when the cancer is likely to be cured.

Prostate biopsies may be taken transrectally or transperineally, under ultrasound guidance (TRUSS). The transrectal procedure preceded the transperineal approach but has been partially replaced because of risk of infection. Transperineal biopsies have a lower rate of biopsy-related sepsis, which is an increasingly important consideration as resistance patterns to standard antibiotics progressively emerge. Transperineal biopsies are more expensive than the transrectal procedure. Prostate biopsies may be performed either under local anaesthetic in clinic or under general anaesthetic in hospital. Both are on a day-visit basis.

Whilst office biopsies under local anaesthetic are associated with minor procedure-related pain, this approach avoids the risks of general anaesthetic and is more cost-effective. Following injection of local anaesthetic, 10-16 biopsies are taken in a standard pattern using a biopsy gun, either through a guide needle placed in the perineal skin, or through the guide in the ultrasound transrectally. Discomfort may be minimised by relaxing, breathing slowly and deeply.

For patients who find prostate / rectal examination unusually painful, general anaesthetic may be advisable. This also allows for additional biopsies to be taken, if necessary, without causing unnecessary pain.

### IF YOU ARE HAVING PROSTATE BIOPSIES UNDER LOCAL ANAESTHETIC:

#### WHAT TO DO BEFORE YOUR PROCEDURE:

- ensure a urine sample is tested at the laboratory 1 week prior to procedure, unless advised otherwise
- discontinue aspirin and other anticoagulants 1 week prior, other medications may also need to be stopped
- ciprofloxacin 500mg antibiotic evening before and morning of the procedure, continuing on the evening of and morning after
- microlax enema morning of the procedure for afternoon procedures, evening prior for morning procedures
- eat and drink normally

#### WHAT HAPPENS AFTER YOUR PROCEDURE:

- stay < 1 hour post-procedure
- continue ciprofloxacin 500mg antibiotic evening after and morning after the procedure



withhold aspirin and other anticoagulants for 1 week but reinstate other usual medications  
increase fluid intake to wash out the bladder  
there is no restriction on driving or on normal activities, including sexual intercourse

**IF YOU ARE HAVING PROSTATE BIOPSIES UNDER GENERAL ANAESTHETIC:**

**WHAT TO DO BEFORE YOUR PROCEDURE:**

- ensure a urine sample is tested at the laboratory 1 week prior to procedure, unless advised otherwise
  - discontinue aspirin and other anticoagulants 1 week prior, other medications may also need to be stopped
  - ciprofloxacin 500mg antibiotic evening before and morning of the procedure, continuing on the evening of and morning after
  - microlax enema morning of the procedure for afternoon procedures, evening prior for morning procedures
  - nothing to eat or drink from 6 hours prior to procedure - see Admission Booklet regarding diet restrictions

**WHAT HAPPENS AFTER YOUR PROCEDURE:**

- stay < 2-4 hours post-procedure
- continue ciprofloxacin 500mg antibiotic evening after and morning after the procedure
- withhold aspirin and other anticoagulants for 1 week but reinstate other usual medications
- increase fluid intake to wash out the bladder
- you may not drive for 24 hours post procedure and see Admission Booklet regarding further restrictions following general anaesthetic

**WHAT CAN GO WRONG:**

- some peri-anal/perineal bruising and pain is common
- burning may occur with voiding, but this settles rapidly
- bleeding may be seen in the urine, the bowel motion and the semen. The urine and bowel motion clear promptly, but the semen may remain bloody for days to weeks
- bleeding rarely causes clots and urinary retention which may require catheterisation and bladder wash out
- patients with underlying bladder obstruction may develop urinary retention requiring catheterisation
- temporary erectile dysfunction is reported, but resolves spontaneously
- the most significant risk from prostate biopsies is infection, which occurs in 1% of patients. It may present as burning - frequency - urgency, requiring oral antibiotic treatment.



**however, post-prostate biopsies infection may be life-threatening. If you develop fever, sweats or shivers, you should present to Wellington Public Hospital Emergency Department for admission to hospital for IV antibiotics.**  
other complications are considered rare and extraordinary.