



## Procedure Information Sheet

### Introduction

Prostate is a fleshy and muscular gland in the male reproductive system. It is situated around the bladder neck. Its main function is to produce fluid for semen. Transrectal ultrasound study is useful to evaluate the prostate and to guide tissue biopsy if there is clinical suspicion (e.g. raised PSA level) for any pathological changes.

### The Operation / Procedure

1. All you need is to follow the doctor's instruction and to maintain the body position.
2. You will lie on a left lateral position with your knees bending upwards.
3. The doctor will gently insert the lubricated ultrasound probe into your rectum.
4. The probe emits sound waves and reflecting your prostate image on the video screen, the doctor evaluates the size and appearance of your prostate.
5. A biopsy needle can be inserted through the rectum via the needle guide on ultrasound probe into your prostate to take the tissue sample if needed after ultrasound imaging.
6. During the biopsy, six or more samples of tissue are usually obtained. A "click" sound will be encountered due to movement of needle parts during the biopsy procedure.

### Before the Operation / Procedure

1. A written consent is required.
2. Check clotting profile for any bleeding tendency, to be corrected if abnormality detected.
3. Oral antibiotics will be given to the patient before and after the biopsy to prevent infection.
4. Sedative or analgesic will be prescribed by the doctor.
5. You need to clear your rectum with the prescribed fleet enema in the morning on the day of procedure.
6. If you are taking oral anti-coagulant e.g. Aspirin, please ask the doctor when it needs to be discontinued.

### After the Operation / Procedure

1. Patient may notice rectal bleeding, blood in urine for a couple of days or some blood in semen for 2-3 weeks. Encourage fluid intake will help urine drainage. If rectal bleeding is increased / patient has fever, please inform you doctor directly.
2. According to doctor's prescription to complete a course of antibiotics.
3. If patient is taking oral anti-coagulant e.g. Aspirin, please ask the doctor when it needs to be restarted.
4. Resume diet and exercise as before.

### Risk and Complication

1. Minor complications are frequent (range 60-79%) and major complications are rare (range 0.4-4.3%). The need for hospitalization is less than 4%. Severe bleeding that requires intervention is rare.
2. Bleeding complications are the most common complications and include:
  - 2.1 Hematuria (blood in the urine): very common (more than 50%) and usually mild. It may persist for 3-7 days after the procedure and even longer in some patients.
  - 2.2 Hematospermia (blood in the semen): common (average ~30%) and can persist up to a month.
  - 2.3 Hematochezia (rectal bleeding): less common (less than 10%) and is usually quickly resolved.
3. Infectious complications may occur in a small proportion of patients despite antibiotic prophylaxis, and are potentially the most serious complications such as septicemia.

#### Patient's Label

Patient Name: \_\_\_\_\_  
Hospital No: \_\_\_\_\_  
Episode No: \_\_\_\_\_



- 4. Symptoms and signs of infection include:
  - 4.1 Fever
  - 4.2 Chills
  - 4.3 Dysuria (pain with urination)
  - 4.4 Other general signs of infection
  - 4.5 Positive cultures of bacteria in urine or blood
- 5. Other complications include vague pelvic discomfort or pain, vasovagal episodes (feeling dizzy) in related to pain, difficulty in voiding and urinary retention.
- 6. Early recognition and intervention is important to avoid severe consequences. If worrisome symptoms occur, they should be reported to a doctor promptly.
- 7. Unfortunately, biopsy of the prostate is not completely accurate, and a proportion (up to a fifth) of small tumors can be missed. If the biopsy is negative and the clinical suspicion is still high, a further biopsy may be needed on another day.

**Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

**Reference**

Department of Surgery, Tung Wah Hospital, Procedure Information Leaflet: Transrectal Ultrasound and Biopsy of Prostate (2005)

<b>Patient's Label</b>
Patient Name: _____
Hospital No: _____
Episode No: _____

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_