INFORMATION FOR PATIENTS HAVING A TRANSRECTAL ULTRASOUND SCAN AND PROSTATE BIOPSY

Introduction

The leaflet tells you about having a transrectal ultrasound scan and prostate biopsy. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

The radiology department

The radiology department may also be called the x-ray or imaging department. It is the facility in the hospital where radiological examinations of patients are carried out, using a range of x-ray equipment, such as a CT (computed tomography) scanner, an ultrasound machine and a MRI scanner.

Radiologists are doctors specially trained to interpret the images and carry out more complex examinations. They are supported by radiographers who are highly trained to carry out x-rays and other imaging procedures.

Sonographers are radiographers who have trained further to specialise in the technique of ultrasound. They carry out a great number of these examinations.

The prostate gland

The prostate is a small gland associated with the male reproductive process, located at the base of the bladder. It tends to enlarge with age and can obstruct the outflow of urine. The gland is easily and accurately assessed by scanning, which provides the doctor with more information about the size and condition of the gland. Men do not always have symptoms from prostatic disease, but a blood test indicating an elevated PSA (prostate-specific antigen) may point to a hidden problem. A transrectal ultrasound scan and prostate biopsy will help to determine whether there is any serious disease within the prostate gland causing the abnormal blood test.

A tubular ultrasound probe is gently inserted into the rectum, giving an image of the prostate gland, for an accurate placement of the biopsy. This is taken with a spring-loaded biopsy needle. A trigger is pressed, the biopsy gun fires and a tiny piece of tissue is taken. Usually a number of biopsies are taken, which are later examined by a pathologist.

Who has made the decision to biopsy?

The consultant in charge of your case, and the radiologist doing the scan and biopsy. However, you will also have the opportunity for your opinion to be taken into account, and if, after discussion with your doctor, you do not want the procedure carried out, you can decided against it.
Who will be doing the biopsy?
This is done by a specially trained doctor (a radiologist), with expertise in carrying out scanning and using biopsy equipment.

How do I prepare for the biopsy?
Normally no preparation is required. However, patients taking anticoagulants (blood-thinning treatment, such as aspirin or warfarin) may be asked to stop taking them before the biopsy. Please tell the doctor if you are allergic to any antibiotics.

When you arrive
You should go to the reception desk in the department.

Can you bring a relative/friend?
Yes. When you attend the test, ideally you should be accompanied by someone to take you home.

Where will the biopsy take place?
Generally in the urology department.

What happens during the biopsy?
You will be asked to lie on your left-hand side on a couch, with your knees drawn up. Local anaesthetic gel may be squeezed into the rectum and sometimes local anaesthetic is injected into the prostate.

A small ultrasound probe is inserted into the rectum. While scanning the prostate gland, the doctor will take between 6 and 12 small samples from the gland. The procedure is not normally painful. You will hear a loud click when each biopsy is taken, and may experience a sensation, which has been described by patients as a discomfort. Pain is occasionally experienced.

The complete consultation takes about 30 minutes, but the biopsy procedure about 15 minutes. Following this you will be asked to remain in the department for about 30 minutes, or until you have passed urine.

After the procedure
Rest is advised for the remainder of the day, but you may return to work the following day.

Drink plenty of fluids over the next few days but avoid alcohol.

You may shower or take a bath.

Sexual activity may be resumed after 48 hours. It is not unusual for blood to appear in the semen for a few days.
In case of complications you are advised to stay in the locality during the 4 days following the procedure.

**Possible complications after this procedure**

Small amounts of blood from the rectum and in the urine may occur for 24–48 hours, sometimes longer, and this is regarded as normal. If it becomes heavy or continues see your GP.

Rarely, heavy bleeding may occur at the time of biopsy, in which case you will be admitted to hospital until it settles.

Infection, while unusual, is the most common complication, usually occurring 24–48 hours later.

This is usually treated with antibiotics at home. Occasionally the infection can be severe enough to require hospital treatment with intravenous antibiotics. In exceptional cases, infection can be overwhelming. This is true of any infection, however caused, but there are rare reports of people having died as a result of infection thought to be due to the biopsy.

If you develop symptoms of infection, such as ‘flu-like’ symptoms, high temperature, shivering or become ill, please contact your GP or out-of-hours service immediately.

Should you have any concerns about your condition you must contact your GP or if appropriate, attend the A&E department at the hospital.

**When do I get the result?**

This is usually given at the next visit to clinic, unless some other arrangement has been made.

**Other sources of information**

**Websites**
For general information about radiology departments, visit The Royal College of Radiologists’ website: www.goingfora.com

**NHS Direct**
For health advice or information you can call NHS Direct on 0845 45647 or visit the website: www.nhsdirect.nhs.uk

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This leaflet has been prepared by the Clinical Radiology Patients’ Liaison Group (CRPLG) of The Royal College of Radiologists.
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