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Transperineal Prostate Biopsy (Template Biopsy)

Urology Department

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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What is a transperineal (template) prostate biopsy?

Prostate glands are only found in men and are about the size of a walnut. Your prostate gland is located just below your bladder and in front of your rectum (back passage). Its function is to produce white fluid that becomes part of your semen.

A transperineal biopsy 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. Due to the special way in which the specimens are prepared, the results take around two to three weeks to come back.

Why do I need a prostate biopsy?

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

- Your doctor 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 might want further information to plan for possible treatments or observation.

What does it involve?

An ultrasound probe is carefully placed into 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).

How do I prepare for it?

You will receive an appointment with the pre-assessment nurse 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, aspirin or warfarin. Routine blood tests may also need to be taken to appropriately prepare for your biopsy.

Your biopsy results

You will be called for an appointment as soon as your results are available. Usually this will be in two to three weeks after your biopsy.

Any further questions or Concerns about this procedure?

If you have any questions or concerns, please contact us on the following numbers between the hours of 9-5pm Monday to Friday:

Terri Hess	
Lead Urology Specialist Nurse	01932 723278
Vicky Powell	
Senior Urology Clinical Nurse Specialist	01932 726621
Urology Medical Secretary	01932 722385
Urology Main Reception	01932 722770

supply of Tamsulosin to help you empty your bladder during this time.

When you are at home

You may have mild discomfort in the biopsy area for one or two days after the biopsy. Simple painkillers such as paracetamol are recommended if you have any discomfort.

You may also notice some blood in your urine for a few days.

Your semen may be discoloured (pink or brown) for up to eight weeks, and occasionally longer, after the biopsy. This is nothing to worry about. You should drink plenty of non-alcoholic fluids while you have blood in your urine.

Avoid driving for a minimum of 24 hours after the procedure. Then only when you feel fully recovered enough so that you can stop the car safely.

Please go to your local accident and emergency (A&E) department if:

- your pain increases
- you have a fever higher than 100.4°F (38 °C)
- you do not pass urine for eight hours
- you start to pass large clots of blood
- you have persistent bleeding

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

What are the risks?

Although serious complications are rare, every procedure has risks. Your doctor will discuss these with you in more detail:

- **Infection:** This can happen to one in 100 patients. We give you antibiotics after your biopsy to reduce this risk. However, if you develop a fever, or have pain or a burning sensation when you pass urine, you may have an infection and should seek medical attention from your nearest A&E department.
- **Blood when you pass urine:** This is not uncommon and can range from peachy coloured urine to rose or even claret coloured. It is rarely a sign of a serious problem. Increasing your fluid intake will usually help 'flush the system' and clear any bleeding. However, if there is persistent or heavy bleeding every time you pass urine you should go to your nearest A&E department.
- **Difficulty passing urine:** It is possible that the biopsy may cause an internal bruise that causes you difficulty passing urine. This can happen in two in every 100 cases and is more likely to happen in men who had difficulty passing urine before having the biopsy. Should you have difficulty passing urine, you may require a catheter and you will need to go to your nearest A&E department for

assessment. A catheter is a hollow, flexible tube that drains urine from your bladder.

- **Allergic reaction:** It is possible that you may have an allergic reaction to the medication we give you. Although the risk of this is low (less than one in 1,000 cases), you can reduce this risk by letting us know if you have had any previous allergic reactions to any medications or food.

Before the biopsy

Before you have a biopsy, you should let the doctor or specialist nurse know if you:

- are taking any medications, particularly antibiotics or anticoagulants (medication that helps to prevent blood clots from forming), including aspirin, warfarin, clopidogrel, rivaraxoban or dipyridamole
- have allergies to any medications, including anaesthetic
- have or have ever had bleeding problems
- have an artificial heart valve.

You should continue to take all of your medications as normal, unless you have been told otherwise by the doctor who organised your biopsy.

What will happen on the day of my biopsy?

The biopsy is usually carried out as a day case, which means you will be able to come in to hospital, have the biopsy and leave on the same day. You will be sent a letter telling you when and where to come on the day of your admission. Once you have been admitted to the ward, you will see your urology doctor/nurse specialist, who will go through the procedure again with you and ask you to sign the consent form. You will be given the opportunity to ask questions.

As you are having a general anaesthetic you will be told when to stop eating and drinking before the procedure. The anaesthetic will be given through a small needle inserted into the back of your hand. This will make you sleep for the whole procedure, so you will not feel any pain or discomfort. You will wake up in the recovery room and your surgeon will see you prior to discharge.

After the biopsy

You will need someone to help you get home, as your muscles may ache and you may feel woozy because of the anaesthetic. A general anaesthetic takes 24 to 48 hours to wear off, so please rest for this period of time. Before you leave the hospital, you may be given antibiotics to take at home to prevent infection.

A urethral catheter (bladder tube) will have been 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. You will be given a prescription for a 2-4 week