

Procedure Information Sheet - Transrectal Prostate Biopsy

Introduction

Transrectal prostate biopsy is recommended if you are suspected to have prostate cancer. It is the standard diagnostic investigation for carcinoma of prostate. It is an invasive procedure with potential complication. However, a negative biopsy does not completely rule out the possibility of the disease.

Indications

1. Clinical suspicion of carcinoma of prostate.
2. Palpable prostate nodule on digital rectal examination.
3. Elevated serum level of prostatic specific antigen (PSA).

Procedure

1. The procedure usually takes 10 to 15 minutes.
2. An ultrasound sensor is passed into your rectum, and a thin needle is inserted through the rectum under ultrasound guidance to take tissue sample of your prostate.
3. Doctors usually collect multiple samples, which are sent for laboratory testing.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Please notify your doctor if you are taking medications that affect your blood coagulation, such as aspirin or warfarin. These medications should be stopped before the procedure.
3. You should inform your doctor if you have symptoms of urinary tract infection, such as fever or painful voiding.
4. No fast before the procedure.

Possible risks and complications

- Life-threatening septicaemia (<1%).
- Infection of the urinary tract (1-5%).
- Bleeding from rectum.
- Blood-stained urine (can last up to 1 to 2 weeks).
- Blood-stained semen (can last up to 6 weeks).
- Urinary retention.

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Post-operative information

1. You may find blood in urine, faeces or semen after the procedure.
2. You are advised to drink plenty of water over the next few days.
3. Contact your doctor if excessive bleeding, severe pain, fever (body temperature above 38°C or 100°F) occurs.
4. Follow up on schedule as instructed by your doctor.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____