



Procedure Information Sheet Transrectal Ultrasound (TRUS) Guided Biopsy of Prostate

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /
affix patient's label*

Introduction

1. Intussusception is the invagination of the bowel into itself. This is one of the most common causes of intestinal obstruction in young children. It occurs usually after an upper respiratory tract infection (like coughs and colds) or gastroenteritis that results in and the enlarged lymphoid tissue at the terminal ileum may cause the invagination of the terminal ileum into the caecum and colon (ileo-colic intussusception). Occasionally it may be secondary to an underlying bowel pathology such as Meckel's diverticulum, polyps, etc.
2. Intussusception typically occurs in infants and young children with about 75% occurring in the first 2 years and the peak incidence at around 5-9 months of age. Patients typically present with colicky abdominal pain (intermittent irritability) and vomiting. Some may have blood and mucus in stool (red currant jelly stool).
3. It is an emergency condition that early diagnosis and treatment is required. Delay in diagnosis and treatment may lead to morbidity and even death.

The Operation / Procedure

1. Urgent reduction of the intussuscepted bowel is required to prevent ischaemia and necrosis of the bowel.
Urgent non-operative enema reduction is the treatment of choice if there is no contra-indication.
2. Contra-indication for enema reduction
 - 2.1 Peritonitis, Bowel perforation
3. Relative contra-indication for enema reduction
 - 3.1 Shock
 - 3.2 Recurrent intussusception (> 3 times)
 - 3.3 Suspicious of pathological lead point
4. Enema reduction
 - 4.1 The reduction is usually performed in the radiology department. Either air or liquid enema may be used to reduce the intussusception. The progress is either monitored by fluoroscopy or ultrasonography. The overall success rate is around 80%.
 - 4.2 With successful reduction, the patient shall continue clinical observation, and feeding shall be started when appropriate. If the enema fails to reduce the intussusception, an urgent operation may be required though, in selected patients, a repeat enema reduction may be worthwhile.



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Before the Operation / Procedure

A written consent is required.

Risk and Complication

1. Bowel perforation
2. Septicaemia
3. Incomplete reduction
4. Recurrence
5. Mortality

Should a complication occur, another life-saving procedure or treatment may be required immediately.

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

Smart Patient Website of Hospital Authority: Childhood Intussusception (2/2020)

I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

Name of Patient / Relative

Signature

Relationship (If any)

Date