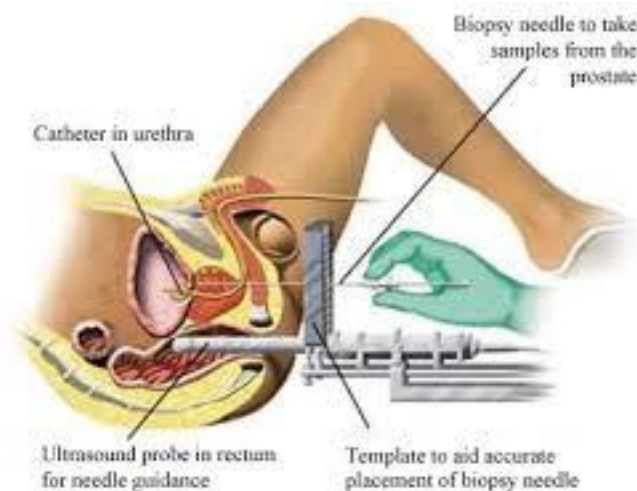


Transperineal prostate biopsies



Prostate biopsies are carried out to investigate suspicion of prostate cancer because of a suspicious PSA (blood test), DRE (digital rectal examination) or mpMRI (multiparametric magnetic resonance imaging).

Transperineal prostate biopsies involve tiny needle core biopsies of the prostate taken through the perineal skin (just in front of the anus) under transrectal ultrasound guidance. The needles pass through a grid which is linked to the ultrasound images and enables thorough and more accurate targeting of suspicious areas of the prostate on mpMRI scans. This takes about half an hour, is often carried out with a flexible cystoscopy (telescopic examination of prostate and bladder through the urethra) under a general anaesthetic as day surgery. This technique is becoming more popular than transrectal prostate biopsies because of a lower infection rate and more thorough sampling of the prostate and targeting of suspicious areas.

Preparation involves stopping any anticoagulants or antiplatelet agents (aspirin okay), fasting as instructed because of the general anaesthetic and trying to empty the rectum pre-operatively.

After the biopsy there may be some discomfort in the prostate region but significant pain from the biopsy needle sites is uncommon. Blood in the urine is common and the stream is often slower for a few days because of prostate swelling. Bloody ejaculate with persistent discoloration is to be expected. Minor erectile dysfunction has rarely been reported.

The risk of being unable to void and needing a catheter is under 5% and the risk of a fever and infection about 0.2% (IV antibiotic given under anaesthetic). I should be called if unable to void or unwell with a fever but if unavailable you should present to a private or public emergency department.