



## Trans-rectal Ultrasound (TRUS) + Biopsy

Ultrasound of the prostate and prostate biopsies

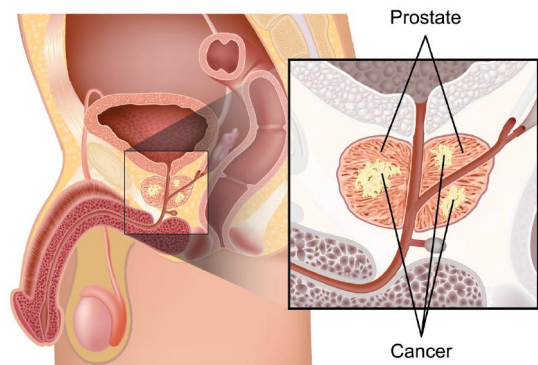
### What is a Trans-rectal Ultrasound of the Prostate?

A trans-rectal ultrasound is an imaging technique using an ultrasound probe introduced into the rectum (back passage) that provides high resolution imaging of the prostate gland. This is because of the close proximity of the prostate gland to the rectum. The prostate is a small organ, which lies immediately beyond the front wall of the rectum.

Trans-rectal ultrasound is typically used to help accurately guide the sampling of prostate biopsies (tissue samples) for the investigation of prostate cancer risk.

Your doctor may want to investigate your prostate cancer risk with a biopsy if you have had:

- A prostate nodule felt by a doctor during a routine physical exam
- An elevated blood test result (PSA)



A trans-rectal ultrasound alone may be used if the prostate size needs to be accurately measured to guide treatment of lower urinary tract symptoms (urination difficulties).

### What preparation is required?

The routine preparation for a prostate biopsy varies amongst surgeons. Typically a bowel laxative preparation (tablets or syrup) may be given along with a bowel enema. You will also receive some antibiotic pills to take before and after the procedure.

When booking your biopsy please inform us if you are **taking blood-thinning medication** (i.e. Aspirin, Warfarin, or Clopidogrel). Warfarin, Clopidogrel and a lot of the new blood thinning drugs need to be stopped 7 days before the procedure. Aspirin can sometimes be continued depending on the reason you are taking it.

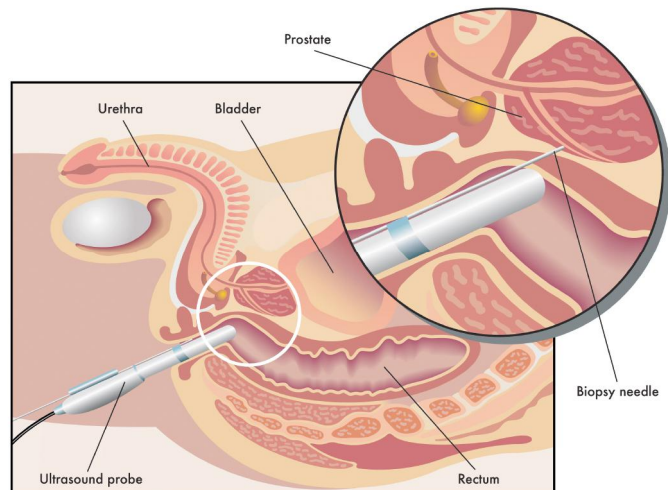
When booking your biopsy please inform us if you have **travelled to South East Asia** recently as you may need to take a different antibiotic before and after the procedure.



## What will happen during the procedure?

You will be asked to change into a gown and to lie on the examination table. Depending on your surgeon, the procedure may take place under local anesthetic, sedation or a general anesthetic.

An ultrasound probe the size of an adult man's finger is inserted into your rectum. The probe allows accurate visual inspection of the prostate, producing a grey pattern image like that used to look at kidneys, liver and babies in the womb. The prostate volume can be measured.



To obtain a prostate biopsy, a small guide is attached to the probe. A tiny needle is passed through the guide and collects a sample of your prostate tissue. You may hear the noise of the biopsy needle activating and feel some pressure in the rectum. Often this process is repeated several times.

The samples are collected, put into specimen bottles and sent for analysis. The tissue samples will require detailed examination by a pathologist and we therefore cannot provide the final pathology report at the time of the examination. The pathologist will send this to your doctor a few days after the examination. **It is important you make sure you have a follow up appointment with your surgeon.**

## Are there any risks?

Because of the trans-rectal approach there is a risk of infection. Sterile equipment is used to minimise this risk. Additionally antibiotics are given before and sometimes after the procedure. The risk of infection requiring further treatment is between 1-2%. This may be higher in diabetic patients.

A small amount of bleeding is expected after the procedure but there is a small risk (around 2%) of having more severe bleeding that may require hospitalisation.



## **What to expect after the procedure**

For up to a few weeks you may experience some bleeding and small blood clots in your bowel motions and your urine. You may also see some fresh or brown blood in the semen. This is expected and as long as the bleeding isn't fresh and ongoing it is not a cause for concern.

We advise avoiding heavy lifting for 24 hours after your biopsy as this can worsen bleeding.

You can return to work and sexual activity the next day.

You can start driving again once you are comfortable to do so, and not taking pain relief that may cause sedation.

**Contact your GP if you have fevers, shakes, chills, become confused and disoriented or are concerned about the level of bleeding.**

## **Your next appointment**

You will need follow-up with your surgeon after your biopsies. The timing of this depends on your surgeon's preference. Generally you will be given an appointment to see the urologist a few weeks after surgery. The results of your biopsy will be discussed with you at the appointment. You will be contacted directly and your appointment brought forward if the results are more urgent.

## **Need for further treatment**

Will depend on the results of the biopsy and will be discussed with you at your follow-up appointment.