

Prostate Biopsy

The prostate gland is a small gland positioned below your bladder and enclosing the urethra (or water pipe). It secretes the majority of the seminal fluid and produces a protein called Prostate-specific Antigen (PSA), which leaks into the circulation and can be measured in the blood.

The prostate gland enlarges with age and can cause the following symptoms:

- poor urinary stream
- passing urine more frequently, especially at night
- incomplete voiding
- urgency

If your blood PSA level exceeds the normal level for a man of your age, has increased rapidly, or if your prostate gland feels abnormal on rectal examination, your urologist may advise you to have a prostate biopsy. This is usually (but not always) done because he or she suspects that you have prostate cancer.

Biopsy technique

Small samples of the prostate are taken to allow microscopic examination of the glands. Biopsies are performed under trans-rectal ultrasound guidance to enable the urologist to obtain samples from all areas of the prostate gland.

The patient lies on his left side with his legs curled up towards your chest (the foetal position). A small ultrasound probe is gently inserted into the rectum (back passage) to allow imaging of the prostate, after which local anaesthetic is injected to prevent pain. A biopsy needle is then passed via the ultrasound probe to take small core samples of prostate tissue – this makes a loud clicking sound as the needle gun is fired. The procedure is undignified and a little uncomfortable, but takes only about 15 minutes.

Side effects

Bleeding is common after a prostate biopsy and may occur in the urine, semen or bowel motions. The bleeding may continue for several weeks but is rarely serious and resolves spontaneously. As the biopsy is taken through the rectum, there is a risk of infection; to reduce this risk, antibiotics are given before and after the procedure. If fever, chills, or malaise develop after biopsy, a urologist or GP should be contacted immediately. A further course of powerful antibiotics or hospital admission may be required. Some patients have difficulty passing urine after a biopsy and occasionally it may be necessary to drain the urine from the bladder by means of a fine tube called a catheter which is passed into the bladder via the penis.

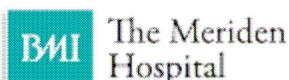
Preparing for a Prostate Biopsy

Patients with antibiotic allergies should tell their urologist before the procedure. Those taking tablets to thin the blood (usually warfarin or aspirin) should inform their urologist and in most cases stop the medication five days prior to the biopsy (it is important to first establish why these tablets are necessary prior to stopping them). Sex should be avoided for one week post-biopsy and strenuous physical activity should be avoided for two weeks. Increased oral fluids should be taken following the biopsy as they will help to clear any bleeding and encourage a good urine flow.

Biopsy results

Results of the biopsy are given in the clinic. In a few cases, the biopsy may fail to detect a prostate cancer but your urologist remains suspicious; he will explain the best form of monitoring, which will probably involve repeated PSA blood testing and possibly repeat biopsy. If the prostate biopsy finds prostate cancer, the urologist will explain what further investigations are needed and how the cancer can be treated.

Located at:



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