

Transrectal Ultrasound and Biopsy of the Prostate

Information you should know

Your urologist has recommended that you have an ultrasound and biopsy of your prostate. Hopefully, this information sheet will answer your questions and prepare you for the test. If you still have questions after reading the information, please do not hesitate to call. Our goal is for you to be well informed about the procedure, and for you to have all of your questions answered before the procedure.

What is Ultrasound?

Ultrasound is like ordinary sound except it has frequency higher than humans are able to hear. When it is sent into the body from a probe inserted into the rectum, the sound is reflected off internal structures. The return echoes are received and converted into an image on a screen. It is one of the best ways to image the prostate.

Is Ultrasound safe?

There are no known harmful effects associated with the medical use of ultrasound.

Why should I have an Ultrasound and biopsy of my prostate?

Many diseases involve the prostate gland, including infections, hypertrophy (enlargement), and cancer. Ultrasound with a biopsy is used in addition to physical examination to localize and identify these disease processes. The most common reasons this procedure is done are due to either an abnormal digital rectal examination or an elevated PSA (prostate specific antigen) blood test. We perform the ultrasound and biopsy to be sure there is not a malignancy (cancer). Specific diagnosis often requires obtaining a tissue sample (biopsy) of a suspicious area. Ultrasound can guide the biopsy into the lesion with greater accuracy.

How is the examination performed?

Because the prostate gland is located immediately in front of the rectum, the probe is lubricated and placed in the rectum. The probe is slightly larger than your urologist's finger.

The prostate is anesthetized with a local anesthetic (typically lidocaine) through the biopsy probe. This has made the procedure much more comfortable. In years past before it was done this way, patients often would rate the pain a 7-8/10. In the years since we have performed this "prostate block", patients often give it a 2-3/10 on the pain scale and note it is tolerated much better.

The prostate gland is then examined with the ultrasound. The ultrasound-guided biopsy is performed on any suspicious areas as well as biopsies sampling the remainder of the prostate gland. The biopsy

is performed through the ultrasound probe. It feels like pulling a small piece of hair from your arm. It is typical to take 10-14 biopsies. The entire procedure takes approximately 10 - 15 minutes.

Pre-Procedure Instructions

Do not take medications containing aspirin, aspirin products, blood thinners or anticoagulants prior to the examination. Please see the attached sheet regarding blood thinners. If you are on any of these, please contact the office.

The day prior to the test you may have regular meals.

The day of the examination, you should fast for two hours prior to the procedure. If you are a diabetic, let the office know as these instructions may differ.

An antibiotic will be called to your pharmacy, this antibiotic is typically Cipro (Ciprofloxacin). The day of the procedure please take one pill in the morning 1 hour before the procedure on an empty stomach and take the second pill before bedtime. Your doctor may also want you to take an enema (inserted in the rectum) 1-2 hours before the procedure. This will also be ordered through your pharmacy if your doctor instructs you to do so.

Post –Procedure Instructions

Things not to do:

- No strenuous or heavy physical activity for 24 hours.
- Abstain from sexual activity for 24 hours.
- Do not strain to move your bowels or take an enema for 24 hours as this can cause bleeding. If constipated, take a laxative by mouth such as Milk of Magnesia, Colace, Miralax, prune juice, Magnesium Citrate or whatever works for you. Follow the instructions on the bottle.

What to expect:

- You may have some bleeding from your rectum. This should resolve over a few days to a few weeks.
- You may pass blood with urination. If this happens, drink plenty of fluids. It should resolve over the next 1-2 weeks.
- You may notice some blood in the semen after ejaculation. This may last for as long as 3 months.
- All of these things (blood in the urine, stool and semen) are typical. It is rare not to have these occur.

What to call about:

- Inability to void.
- Continual passage of blood or blood clots, that interferes with voiding or your bowel movements.
- If you have pain and burning with urination after completing your medication, this may signify an infection and will require additional antibiotics.
- Fever of 101 F or more.