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Transperineal Ultrasound-Guided Biopsies of the Prostate Gland

This leaflet contains evidence-based information regarding your urological procedure. You should use it in addition to any advice already given to you.

Key Points

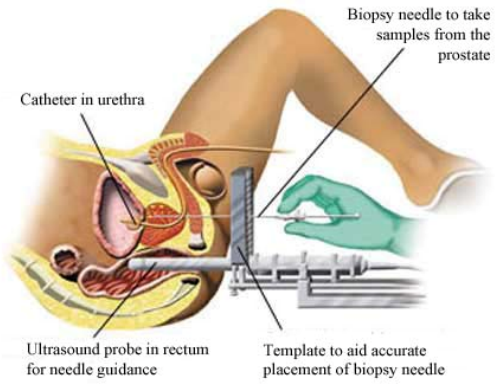
- Transperineal ultrasound-guided biopsy of the prostate is done to check for prostate cancer
- This is the main method to establish a prostate cancer diagnosis, and to risk stratify any potential disease
- The most common side effects are bleeding and reduced urinary flow, but infection is rare

What does this procedure involve?

Putting an ultrasound probe into your rectum (back passage) to scan your prostate.

Guided by ultrasound, biopsies are taken from your prostate through your perineum (the skin between your scrotum and anus).

You will often have an MRI scan first, to see if you need a biopsy, and to guide where we need to take samples from if biopsies are needed.



What happens on the day of the procedure?

Your surgeon (or a member of their team) will briefly review your history and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the type of anaesthetic and post-operative pain relief.

We may provide you with a pair of TED stockings to wear. This will help prevent clots from developing in your calf and passing to your lungs.

Are there any after-effects?

Possible after-effects are below. Most are self-limiting:

After effect	Risk
Blood in your urine for up to 4 weeks	Almost all patients
Blood in your semen which can last up to six weeks	Almost all patients
Bruising in your perineal area	10 – 50% of patients
Discomfort in your prostate caused by bruising from the biopsies	10 – 50% of patients
Temporary problems with erections caused by bruising from the biopsies	5%
Inability to pass urine (acute retention of urine)	5 – 10%
Bleeding in your urine preventing you from passing urine (clot retention)	2%
Failure to detect significant cancer in your prostate	2 – 10% of patients
Need for a repeat procedure if biopsies are inconclusive or your PSA level rises further	2 – 10% of patients
Bleeding in your urine requiring emergency admission for treatment	1%
Infection in your urine requiring antibiotics	1%
Septicaemia (blood infection) requiring emergency admission for treatment	<1%

What to expect afterwards

- you will get some blood in your urine which may last up to four weeks, often with the occasional blood clot
- we advise you to drink plenty of fluid
- you often see blood in your semen for up to six weeks
- you may be given antibiotics; any other tablets you may need will be arranged & dispensed from the hospital pharmacy
- if you are unable to pass urine at all, you should contact our office or present to your local Emergency Department
- we will let you and your GP know the results as soon as possible, and arrange an outpatient appointment for you to discuss what action is needed

General information about surgical procedures

Before your procedure:

Please tell a member of the medical team if you have:

- a regular blood thinning agent (e.g., warfarin, aspirin, clopidogrel, rivaroxaban, apixaban, dabigatran)
- a recent or current COVID injection
- an implanted foreign body (stent, joint replacement, pacemaker, heart valve)

Before you go home:

We will tell you how the procedure went and you should:

- make sure you understand what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any discomfort
- ask what you can (and cannot) do at home
- make sure you know what happens next
- ask when you can return to normal activities

Your surgeon or nurse will give you details of follow-up appointments.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. By law, you are not permitted to 24 hours after a general anaesthetic or sedation.

Disclaimer

Every effort has been made to ensure this information is accurate and up to date. However, individual cases may vary. Your surgeon will thoroughly discuss your procedure and answer any questions you may have.