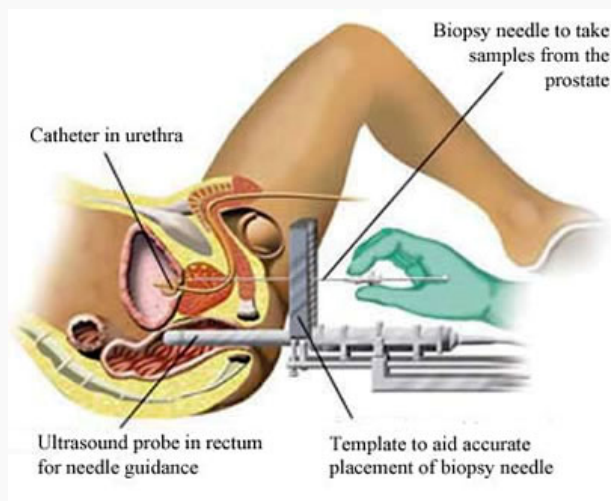




## Transperineal Biopsy of the Prostate

### What does the procedure involve?

This procedure is performed under general anaesthetic, and involves using an ultrasound probe inserted via the rectum, to guide the biopsy needle. Biopsies are taken through the perineal skin using a special grid, as shown below. The number of samples taken depends on the size of the prostate, usually ranging from 30 to 50 samples.



### Why have this procedure?

This procedure is an alternative way to biopsy the prostate. The traditional way is with a [Transrectal Ultrasound Prostate Biopsy](#).

There are two main reasons this procedure is used rather than a TRUS-biopsy:

1. You may have already undergone a previous Transrectal Ultrasound Guided Prostate biopsy (TRUS-biopsy)

via the rectum, which has not identified the cause of your elevated PSA. Biopsy of the prostate through the perineum is a more complex procedure, but can allow access to areas of the prostate that are difficult to biopsy through the rectum. It may be that it is these areas that need to be biopsied in this way.

2. The risk of serious infection is less with a Transperineal biopsy, because the needle doesn't have to pass through the rectum to access the prostate. Recent travel to certain areas of the world can increase the chance of you carrying resistant bacteria (called ESBL), and this type of biopsy may be recommended if you have a higher chance of carrying those bacteria.

## You must tell your urologist:

- if you are taking any tablets that thin the blood warfarin, aspirin, clopidogrel (Plavix®) or any other blood thinner)
- if you have any allergies to antibiotics
- if you have any medical problems that make you prone to bleeding
- if you have any medical problems or take medicines that reduce your immunity
- if you have visited other countries in the last six months
- if you have an artificial heart valve
- if you have a coronary artery stent
- if you have a heart pacemaker or defibrillator
- if you have an artificial joint
- if you have an artificial blood vessel graft
- if you have a neurosurgical shunt

## After the biopsy

You will normally be able to go home after 24 hours in hospital, after the catheter is removed and you have passed urine. You will be given antibiotics to take at home.

Blood in the urine is common for a few days, with the occasional blood clot, but this should clear quickly. You may expect to see blood in the semen for up to 12 weeks. This is harmless.

Do rest at home for the first 48 hours after the biopsy, and drink plenty of fluids.

Make sure your bowels are open regularly, and avoid physically demanding activities for a week.

Simple painkillers should be taken for any discomfort.

## Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide, these include:

### Common side effects include:

- Blood in the urine; should be mild and resolve within 48 hours
- Blood in the semen, which can continue for up to 12 weeks
- A drip or two of blood from the back passage soon after the biopsy

## Rare side effects (please contact your GP or urologist) include

- Infection in the urine
- Difficulty or inability to pass urine
- Heavy bleeding from the back passage. This is very rare but needs immediate medical attention.
- Sepsis (infection spreading from the urine/prostate). Symptoms can include feeling very unwell, a high or swinging temperature, chills, shaking, a fast heartbeat) This is very rare but needs immediate medical attention. Please contact your GP or urologist immediately or go straight to your nearest emergency department.

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### Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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