

Template Guided Biopsies

A guide to your procedure

Information for patients, relatives and carers

What are template biopsies?

Template Prostate Biopsies are a means of obtaining more information about your prostate gland and are used as an alternative to the standard way of prostate sampling, trans-rectal or TRUS Prostate Biopsies. TRUS biopsies involve taking 10-12 tissue specimens, via the rectum or tail-end, under local

anaesthetic as an out patient. Template biopsies require admission to hospital (usually as a day case) and involve a general anaesthetic. The technique allows us to take 20-40 tiny pieces of tissue from your prostate using a biopsy needle inserted via the perineum (the area of skin behind the scrotum and in front of the anus) with a template (grid) for guidance. The

prostate can be sampled more extensively and systematically and we can reach the front of the prostate which is difficult using the traditional method.

Fusion template biopsies

We use MRI to direct where to take the biopsies, sometimes this can be done 'by eye' and sometimes we perform the more accurate fusion targeted template biopsies if the area in the prostate we need to sample is small. Fusion biopsies involve outlining the prostate on the MRI as well as outlining any abnormal areas.

During the procedure, when you are asleep, an ultrasound scan of the prostate is performed. We can see the prostate on the ultrasound scan but not usually see any abnormalities within the prostate. Using software the outlined MRI pictures are then overlaid (fused) on to the ultrasound image so that we can see the MRI abnormalities on the ultrasound scan. Biopsies can then be targeted at the abnormal areas. We usually also sample the rest of the prostate to check the MRI has not missed anything important.

Who needs prostate template biopsies?

Prostate biopsies are performed either because a man has a raised or rising PSA blood test, or because the prostate feels abnormal. An MRI is usually performed before biopsies, but may not be undertaken if the patient has any metal work, e.g. a heart pacemaker, inside them.

What happens before the biopsies?

Prior to your admission to hospital you will be invited to attend a Pre assessment Clinic to ensure that you are fit for a general anaesthetic. You will be seen and assessed by the Pre-assessment Nurse. A general history will be taken and any further tests that may be needed will be arranged. These might include a urine test, electrocardiogram (ECG) and blood tests.

You will be asked to bring in a list of any medicines that you normally take at home and let us know of any drug allergies you may have at the assessment.

IT IS IMPORTANT TO TELL US IF YOU ARE ON ANY DRUGS THAT THIN THE BLOOD AS SOON AS POSSIBLE

e.g. Aspirin, Warfarin, Clopidogrel, Dipryridamole

If you are taking Warfarin, it may be necessary to bring you into hospital a few days before your operation to change to an alternative anti-coagulant. Sometimes it is safe to stop the Warfarin and check the INR (clotting) just before the procedure.

There are small risks associated with any operation or anaesthetic. The risks of anaesthetic can be discussed with the anaesthetist who will

normally visit you before the operation.

The surgeon will explain the risks of the operation to you and ask you to sign a consent for the operation to be performed. The risks are listed on pages 6-7.

The day of your admission to hospital and operation

Please bring a fresh urine specimen and a supply of your usual medicines to take whilst in hospital.

Before the procedure you will be asked to stop eating and drinking for some hours to reduce the risk of problems during the anaesthetic. You may eat up to 6 hours before your operation and take CLEAR fluids within 2 hours.

You may be asked to have your normal medicine regime in the morning but it may be withheld and given to you after the procedure. This will be discussed with you at your pre-op visit.

On arrival at the hospital you will be asked to put on a theatre gown and some special (TED) stockings to reduce the risk of developing a blood clot (DVT) in your lower legs and should be worn until discharge home. Nursing staff will be able to give you an approximate time of your operation, but this is intended only as a guide.

The procedure

The procedure requires a general anaesthetic and will take place in an operating theatre. The procedure can take approximately 30-60 minutes depending on the number of biopsies required and entails the insertion of an ultrasound probe into the rectum. During the operation you will be given antibiotics, you don't need any further antibiotics to take home. Rarely a catheter may be inserted into your bladder to drain the urine. If so, we will remove this at the end of the procedure.

Otherwise we will wait for any bleeding to settle and then remove the catheter. The tissue taken at the time of the operation will be sent off to be looked at under the microscope in the Pathology Department. You will wake with a pad covering the biopsy site.

After your operation

After the procedure you will wake up in the recovery area and then be brought back to the ward when you are comfortable. When you awake you may have a 'drip' that supplies fluid into your vein although you will be able to drink as you wish. Your blood pressure, pulse and temperature will be checked regularly as required.

You should expect some discomfort at the site of the biopsies but this should be easily controlled using the pain-killers you will be prescribed. If you still have pain, it is important to tell the nurse looking after you.

We need to ensure you have passed urine successfully, and require two good pees before you go home. Please ensure when you do pee you pee into a bottle so we can measure how much has come out, a nurse will provide you with a bottle.

When you are comfortable you will be allowed home. You will receive some painkillers to take if needed.

We would advise you not to travel abroad for at least 4 weeks following the procedure.

Please make arrangements for someone to collect you, as you will not be fit to drive home after a general anaesthetic.

Time off work

You will have to allow for a few days off work following the procedure—longer if you do a manual job.

Be sensible when you get home

You should not undertake strenuous physical exercise, even if you feel able, for approximately 1-2 weeks. You may drive as soon as you feel

comfortable but not for at least 48 hours.

Going Home

Most patients leave hospital on the same day as the operation.

Before you go home you will be seen by your consultant's team to discuss the procedure and to make arrangements for a follow up appointment.

Are there any side effects?

There may be side effects, some are inevitable and will have no lasting consequences but some which only happen occasionally carry a risk.

The most serious side effect is that of septicaemia (blood poisoning) and may affect 1-2 in 1000 patients following the procedure. It can be very serious and in rare cases admission to intensive care is required with potentially serious consequences. This tends to occur within the first week.

IF YOU BECOME UNWELL WITH FLU LIKE SYMPTOMS ie: FEVER, SHIVERS OR FEEL GENERALLY UNWELL YOU SHOULD GO TO THE ACCIDENT AND EMERGENCY DEPARTMENT IMMEDIATELY AS YOU WILL NEED TO BE ADMITTED FOR TREATMENT.

There may be discomfort passing urine which should settle over the next 24 hours. You should drink a couple of pints of extra fluid to help this. If you get persistent burning when you pass urine or if the urine becomes cloudy and offensive you will need to contact the hospital or your GP for more antibiotics

Most men are able to pass urine without difficulty following the biopsy, occasionally you may be unable to pass urine following the operation

and require a catheter. This will usually need to stay in a place for approximately 1 week to allow all the swelling to settle. The signs of retention of urine are discomfort in the bladder region usually associated with the constant desire to urinate. If this happens following your discharge from hospital you should contact the hospital or attend the local Accident and Emergency Department. If you come out with a catheter you will be sent an appointment to come back into hospital for it to be removed.

There is almost always some bruising of the scrotum/groin area (which may look 'black and blue') and some tenderness between the legs which should usually settle within 1-2 weeks.

Some bleeding will occur in most patients, and this may be on and off:

From the back passage— if this occurs it will usually settle within a couple of days

In the urine— this may look as dark as claret red wine, but there is no need to worry if you are passing urine freely as it will usually clear within 1-3 weeks. Drinking extra fluids will help to clear the urine of blood but do not exceed 3 litres in a day. Avoid straining/exercise during the recovery period as this may restart the bleeding.

In the semen—blood in the sperm will take longest to clear and can often take several weeks. The semen may look bright red or more like Marmite! This is harmless and will not 'pass anything on'.

Temporary erectile dysfunction— a few men have difficulties achieving an erection initially after biopsies. Most men recover after a few weeks. A small number have permeant loss of their erections. Please discuss this with your consultant as there may be medication to improve things.

Follow-up

When you are booked in for your procedure, you will also be given a date for your follow up appointment. This is usually **7-10 days** following the procedure and we always advise that you bring a friend or relative when you come to this appointment. Always ensure that you receive an appointment to discuss the results.

Any Questions?

The *Staff* involved in your care have written this information sheet to make your admission and care as smooth as possible. However, it does not cover every aspect of your care and the staff will always be happy to answer any other questions or points of concern.

If you think of any questions you wish to discuss please record them below (to ensure you do not forget them)