



Urology Department Patient Information

Trans Perineal Template-Guided Biopsies

A template-guided biopsy is carried out under a general anaesthetic. After the anaesthetic has been administered, an ultrasound probe is gently inserted into the back passage and the prostate is scanned. A soft, flexible tube is inserted through the penis into the bladder to identify the urethra and is left in place for the duration of the procedure. Strong antibiotics are then given through a vein.

Using a grid (template) with holes every 5mm placed against the perineum (the skin between the scrotum and back passage). A biopsy needle is inserted through each hole and the prostate is sampled every 5mm. The biopsy needle can be seen in the prostate so the location is known. In the ultrasound picture below, the prostate is seen as a round object that is slightly darker than the rest of the area.

The template grid is represented by numbers and letters and each hole is represented by a 'dot'. We group the biopsies into 18 areas of the prostate. Each biopsy we take is examined by a Consultant pathologist under the microscope. A report is given telling us whether each biopsy has cancer in it or not. Other information is also given such as whether the tissue looked inflamed or whether there are other features such as precancerous areas in the prostate. Typically between 36-40 biopsy samples are taken and the whole procedure last between 30-40 minutes. If you have a larger prostate, then many more biopsies can be taken. At the end of the procedure the template is removed and the skin injected with a long acting local anaesthetic. A thick padding will be placed

over the area of skin that the needle has gone through to prevent a lot of bruising. This padding should be left for at least 6 hours.

What is the preparation for template-guided prostate biopsies?

One week before the procedure, you should start taking a tablet called an alpha-blocker. This can be called Tamsulosin or Alfuzosin. Your hospital doctor should have given you two weeks prescription for this. If not, please call the hospital and ask whether you should be on it. If you are already taking this, please double your dose two days before surgery and for three days afterwards (five days in total). This tablet relaxes the prostate and reduces the chance of the template biopsies causing retention of urine (not being able to pass urine).

If you are taking any blood thinning medication, this may need to be stopped prior to the procedure, or bridging cover commenced, this will need to be discussed with the doctor or nurses depending upon the reason for you taking the medication. Usually Warfarin and Clopidogrel will need to be stopped 7 days prior to your surgery. If you are taking Apixaban, Dabigatran or Rivaroxaban these will need to be stopped 2 days prior to your surgery. Aspirin does not need to be stopped if you are taking a 75mg dose once a day.

You will be given a dose of IV antibiotics at the time of your surgery.

You will need to be admitted to hospital a few hours before the procedure. You should not eat anything for 6

hours before your procedure time to ensure your safety under anaesthetic. You can drink water up until 4 hours before your procedure time.

You will be seen by the surgeon prior to the procedure, and they will answer any questions that you may have. You will be asked to sign a consent form to state that you agree to have the procedure if you have not already done so. The anaesthetist will see you prior to the procedure to discuss the anaesthetic with you.

What are the risks of template-guided biopsy?

Transperineal biopsies carry risk as a normal TRUS prostate biopsy carried out through the rectum. The complications of both are similar, but with two important differences. As the needles are going through skin rather than back passage, the procedure is cleaner and has a lower infection rate. However, because we take more biopsies, there is bruising and the importantly, the prostate can swell causing the water passage to block. This is called retention of urine and you will need to have a plastic tube (catheter) inserted into the bladder to drain the urine for a few days whilst the swelling goes down. The plastic tube is a temporary measure. To reduce the risk of this happening we ask that you take a tablet that relaxes the prostate, as described above.

The other complications that you need to be aware of are:

- Bruising of skin (almost all men)
- Bruising occasionally spreads to the scrotum (between 1 in 20 to 1 in 10)
- Temporary discomfort or pain in the back passage area (most men)

- Bloody urine ('pinkish') for the first few hours to 2 days (most men)
- Bloody semen/ejaculate in most men (lasting for up to 3 months)
- Prostatitis (inflammation or infection of the prostate) in some men (less than 1 in 20)
- Retention of urine requiring a temporary catheter (1 in 20)
- Infection (requiring admission and intravenous antibiotics (0-1 in 100)
- A few men have experienced temporary poorer erections (1 in 50)

What should I expect when I go home?

- You may be given pain killers to take for five days after the procedure. You should continue with the alpha-blockers for another 12 days. You may experience some perineal pain or discomfort after the procedure but paracetamol or other simple pain killers should be adequate. You should avoid any medication containing aspirin for 24 hours as it causes blood thinning and will therefore increase the risk of bleeding.
- You can expect to see some blood in your urine for 1 - 2 days following the biopsies. You may notice some blood in your semen for up to 3 months. If the bleeding becomes excessive, prolonged or if you start to pass blood clots then you should seek medical attention. Occasionally swelling may occur in the prostate gland as an inflammatory response to the biopsies being taken. This can cause difficulty in passing urine and may very occasionally cause the ability to pass urine to stop

completely. This is known as urinary retention and you would then need a catheter inserted to drain your bladder for a few days. You will be allowed to go home and arrangements would be made with the district nurse to remove your catheter the next day.

 There is a <0.5% risk of developing sepsis (a very bad infection) following prostate biopsy. The antibiotics you will be given should help prevent this. If you develop flu-like symptoms within 24 hours of the biopsies being taken (fever, cold shivers, general aching) you should seek medical assistance immediately. You should drink plenty of fluids.

When can I go back to work?

You can usually return to work the day after you have been discharged from hospital, if you feel ready to do so. It may be difficult sitting down for prolonged periods of time for the first 2-3 days.

When can I drive?

It takes two to three days before you can feel comfortable to drive; you also need to feel comfortable doing an emergency stop. If you are taking any other medication, check with the pharmacist whether it is safe to drive while taking medication.

What happens next?

Following your biopsies the samples are sent to the laboratory to be reviewed. This process can take 2-3 weeks.

What follow up can I expect?

Your results will then be discussed at the team meeting, and your next appointment will be arranged and sent to you.

General things to remember

You must continue to take the medication that has been prescribed for the remainder of the course.

You will instructed when you can restart any anticoagulant medication following the operation.

Try not to strain when you go to the toilet. If you become constipated, contact your family doctor (GP) for advice.

Contact Numbers

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to your family doctor (GP) or:

Consultant Urological Surgeons:

Mr N Afzal	01305 255468
Mr S Andrews	01305 255274
Mr A Cornaby	01305 255470
Urology Nurse Specialist:	01305 255415

Lulworth Ward 01305 255471 Abbotsbury Ward 01305 255481 Continence Advisors 01305 259978

Notes:

Authors: Andy Goffe/Kirsten Ryan

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References:

British Association of Urological Surgeons (BAUS) website, April 2018

If you have feedback regarding the accuracy of the information contained in this leaflet, please email pals@dchft.nhs.uk



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