

Frequently asked questions

- Q.** Can I resume regular activity after the biopsy?
- A.** We recommend resting and avoiding any strenuous activity for 24-48 hours after the biopsy.
- Q.** Do I need to fast?
- A.** No, we recommend eating as you normally do so that you do not feel dizzy or weak.
- Q.** Can I do a liquid bowel prep before my procedure instead of an enema?
- A.** You must do an enema about 2 hours before your procedure. You cannot do a liquid bowel prep. We cannot do the enema in our clinic, you must do it at home.
- Q.** If I live far away, can I administer the fleet enema earlier than 2 hours?
- A.** Yes, but it needs to be administered on the day of the biopsy. It cannot be done the night before. If you do administer the fleet enema early and plan to eat before your biopsy, make sure it is a light meal since the enema will be clearing out your system.
- Q.** What if I accidentally take a blood thinning medication within 7 days prior to the biopsy?
- A.** Contact your doctor's office and inform them of the medication and the dose. Your appointment may need to be rescheduled.
- Q.** How soon after the biopsy can I resume taking a blood thinning medication?
- A.** You will be given instructions about restarting blood thinning medications by your doctor.
- Q.** When can I expect to know the results of the biopsy?
- A.** Results can take anywhere from 10-14 days to become available.
- Q.** Do I need a ride to the appointment?
- A.** If you have sedation you will need a ride. For your safety, do not drive, operate machinery, or power tools, for at least 8 hours after getting sedation.
- Q.** Is the procedure painful?
- A.** Some parts of the procedure, like placing the ultrasound transducer in the rectum and injecting the numbing medicine may be uncomfortable, but, should not be painful. If you experience severe pain you can ask your urologist to stop the procedure.

Notes



Transperineal Prostate Biopsy

What is a Transperineal Prostate (TP) biopsy?

A prostate biopsy is a procedure used to detect prostate cancer.

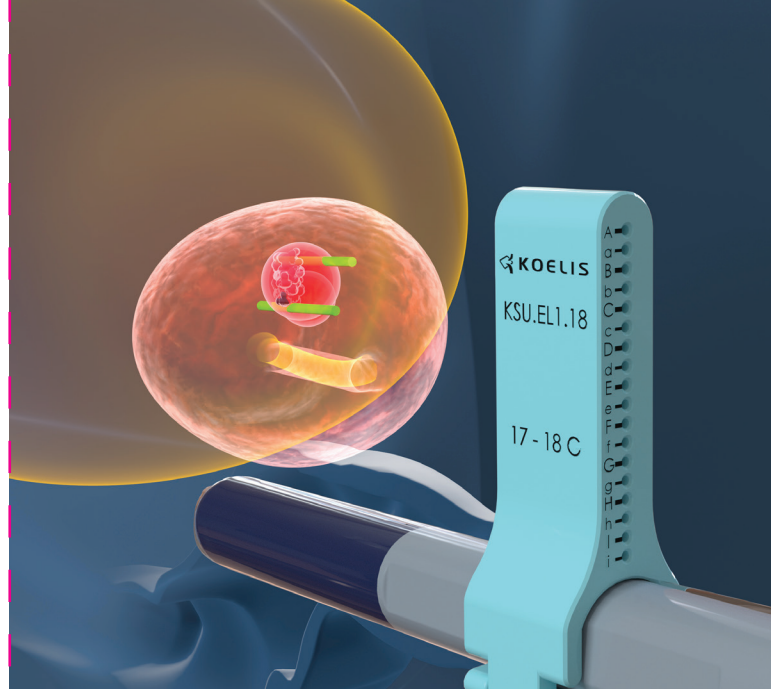
A transperineal biopsy is when your doctor puts a needle into the prostate through the skin behind the scrotum: an area known as the perineum. They will take a number of tissue samples, which are then sent to the pathology lab for review.

The main benefit of transperineal biopsy is a lower risk of a serious infection, less rectal bleeding risk, and better ability to target anterior portions of the prostate

The procedure can be performed "awake" with the aid of numbing medicine, or under sedation.

Before your procedure

- If you are having sedation, you will be scheduled for a pre-operative appointment one week before your procedure to clear you for anesthesia.
- Blood-thinners are medications such as aspirin, clopidogrel, coumadin, eliquis or apixiban. These may increase the risk of bleeding, and should generally be held before the procedure. Be sure to speak with your doctor about how long these need to be held.
- If you are prescribed one of these medications, you should speak with your cardiologist whether it is safe to hold this medication and how soon it should be restarted.



What to expect

After reviewing the procedure with your doctor, you will be brought to a procedure room where the biopsy will be performed.

If you choose sedation, an IV will be placed and you will be given antibiotics and medication to help you fall asleep. If you choose to be awake for the biopsy then antibiotics will be given through an injection into your muscle.

Your legs will be placed in foot rests, the scrotum will be lifted out of the way with tape, the area below the scrotum will be cleaned and a small needle will be used to inject local numbing medicine into the skin.

An ultrasound transducer is a small plastic instrument about the size of a finger that is passed into the rectum. At this point additional numbing medicine will be injected deep around the prostate using the ultrasound images for guidance.

The urologist will use the ultrasound to examine shape, size and appearance prostate.

In some cases the ultrasound images are "fused" with images from a prostate MRI to perform a targeted biopsy. This is called a "fusion biopsy."

At this point they will take a number of tissue samples using a small spring-loaded needle. Usually between 12-15 biopsies are taken, although occasionally more are needed.

These samples will be sent to the lab for analysis.

Post procedure symptoms

These symptoms are **normal** after your procedure:

- You can expect to see blood in the stool, blood in the urine and blood in the semen following the biopsy
- There may be a bandage in the area of the biopsy which can be removed in 1 day
- Unless you have been told otherwise, you may resume all medications 3 days after your procedure

These symptoms are **abnormal**—please call the Urology clinic if you have any of the below symptoms:

- Increasing pain or swelling in the scrotum which is not relieved with tylenol
- A large black-and-blue area, or a growing lump
- Fever of 100.5°F or greater or chills
- Increasing redness or drainage of the incision
- Trouble urinating