

TRANSPERINEAL PROSTATE BIOPSY AND CYSTOSCOPY

Introduction

Prostate biopsies are performed to check if there is prostate cancer when:

1. The PSA blood test level is higher or rising at a faster rate than expected
2. The prostate feels abnormally hard, nodular or irregular
3. The MRI or PET scans show suspicious areas in the prostate gland

Prostate tissue samples are taken with a needle during a biopsy and sent to a pathologist who examines the cells under a microscope. The cancer cells are assigned a grade from 1 to 5 to determine how serious the cancer is and how quickly it may spread.

What does the procedure involve?

An ultrasound placed in the rectum allows the surgeon to see the prostate clearly. Multiple tissue samples are taken with a fine needle from different areas in the prostate through the perineum (skin between the scrotum and back passage) on the right and left sides. Abnormalities seen on MRI scan are targeted separately. The surgery takes 20 minutes and is performed under sedation or general anaesthesia

A flexible cystoscopy is often performed as well, where a fine telescope is passed through the urethra into the bladder to check for abnormalities. This helps to clarify the cause of voiding symptoms that may be present, such as slow stream, frequent urination or urgency, and exclude bladder tumours or obstruction.

Prostate biopsy video (4:07 mins) <https://www.youtube.com/watch?v=UdO2rPKszX8>

Cystoscopy video (2:18 mins) <https://www.youtube.com/watch?v=0faFfYsaOKs>

What are the alternatives?

Transrectal biopsies - higher infection rate

MRI-guided biopsies - no Medicare rebate available

Surveillance - regular PSA / MRI tests if cancer suspicion is low <10%

Watchful waiting - patients not intending to have treatment if diagnosed with cancer

What are the risks of surgery?

Common (>10%)

Minor burning and irritation for a few days

Passing blood-stained urine for a few days

Having blood-stained semen during ejaculation for a few weeks

Transient erectile dysfunction

Occasional (1-10%)

False negative - missing a small cancer
Urinary tract or skin infection
Urethral stricture or scarring

Rare (<1%)

Severe sepsis or infection in the blood stream
Anaesthetic or cardiorespiratory problems - intensive care

What should I do before surgery?

- If you are on blood thinning medication, discuss this with Dr Ooi
- Do not eat, drink or chew gum for 6 hours before surgery
- Arrange for someone to drive you home and stay with you for 24 hours

What should I expect after surgery?

If a catheter tube is placed, it will be removed in the recovery room. You can go home 2-4 hours after surgery once the nurses have checked that your vital signs are stable, and you are passing urine normally.

Discharge information

Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, fever, wound issues, or catheter problems. General advice is also available on our website in the Procedures section.

Appointments

Dr Ooi will see or phone you 1-2 weeks after surgery to discuss your results. If you have prostate cancer, further tests such as PET, CT or bone scans may be required before deciding on treatment options. A Prostate Cancer Specialist Nurse will contact you to counsel you about your diagnosis and help you with your journey. The Cancer Council also provides further resources and free support sessions on request.

The Prostate Cancer Foundation of Australia (PCFA) has printed information on prostate cancer diagnosis, treatment, side-effects for men, their partners, family and the community. This is available online though limited copies are available at Dr Ooi's rooms if you prefer a booklet:

https://www.pcfa.org.au/media/790750/pcf13457-prostate-cancer-a-guide-for-newly-diagnosed-men-56-pg-booklet_9.pdf