

Patient information

Transrectal Ultrasound Guided Biopsy of the Prostate

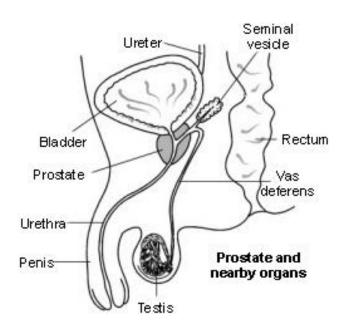
Urology Department – Royal Liverpool Hospital

Your consultant has advised you to have a prostate biopsy. The aim of this leaflet is to explain the procedure of prostate biopsy and its possible complications.

What is a prostate biopsy?

A prostate biopsy is a procedure in which samples of tissue are removed from your prostate gland and then examined under a microscope to help cancer diagnosis or other conditions.

The prostate gland produces part of the semen and is found underneath the bladder. It surrounds the urethra (the tube that carries urine from the bladder out of the body).



Why do I need a prostate biopsy?

Your surgeon will usually recommend a prostate biopsy if earlier tests have shown a high level of prostate-specific antigen (PSA) or if a lump or enlarged prostate has been found during a rectal examination.

The intended benefits

To enable measurements of the prostate size and to take samples of the prostate using a biopsy needle. The samples will then be analysed to see if there is a cancer present.

How is a prostate biopsy done?

The biopsy is taken using a fine needle passed through the wall of your rectum under ultrasound guidance. This is called a transrectal ultrasound-guided biopsy. Most transrectal biopsies do not need general anaesthesia, however, local anaesthetic is used to numb the prostate beforehand. A prostate biopsy is routinely done as an outpatient or day case.

What are the risks?

A prostate biopsy is a commonly performed and generally safe procedure. For most men the benefits of having a clear diagnosis are greater than any disadvantages. However, all surgery carries an element of risk.

Significant, unavoidable or frequently occurring risks

Common (greater than 1 in 10)

- Blood in the urine or from the urethra.
- Blood in the semen this may last up to six weeks but is perfectly harmless and poses no problem for you or your sexual partner.
- Blood in the stools.
- Urinary infection
- Sensation of discomfort from the prostate due to bruising

Occasional (between 1 in 10 and 1 in 50)

- Blood infection (septicaemia) requiring hospitalisation
- Haemorrhage (bleeding) requiring hospitalisation
- Infection of prostate or testicle
- Failure to detect a significant cancer of the prostate
- The procedure may need to be repeated If the biopsies are inconclusive or your PSA level rises further at a later stage
- Inability to pass urine (retention of urine)

Alternative therapy:

Transperineal prostate biopsy, continued observation

How do I prepare for the procedure?

If you are taking any tablets to thin the blood such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because they may need to be stopped for several days before the biopsy can be done.

In most cases there is no special preparation for the biopsy and you can eat or drink as normal beforehand.

What happens on the day of the biopsy?

When you arrive in the department your nurse will also explain how you will be cared for and will perform some simple tests such as checking your heart rate and blood pressure, and testing your urine. You will be given antibiotics before the biopsy to help prevent infection.

The test takes 15 to 30 minutes to complete and is done in a dedicated room in the Urology Outpatient Department.

In a private cubicle you will be asked to change into a hospital gown, which opens at the back.

You will be taken to the treatment room and asked to lie on your side on a table with your back to your surgeon.

An ultrasound machine is used to view the prostate and guide the biopsy needles. After examining your prostate with a gloved finger in the normal way your surgeon will carefully pass a lubricated ultrasound probe into your rectum via your anus. The probe will feel uncomfortable but should not be painful.

An image of your prostate will be displayed on a video screen and some measurements will be taken. The surgeon will inject some local anaesthetic around the prostate to numb the area.

Your surgeon will then use a special biopsy instrument to take the biopsies. Each biopsy takes seconds to complete and at least ten samples are usually taken. You may feel a sharp stinging sensation as each biopsy is taken.

The tissue samples are sent to a laboratory for examination.

The doctor will insert a further antibiotic suppository into the rectum at the end of the procedure.

What happens after the procedure?

You will be asked to pass urine before you go home to check for bleeding. If any bleeding is present this will usually stop soon afterwards.

Going Home

You can go home as soon as you feel ready. You will be given a course of antibiotics to take home with you.

We advise you not to drive home after the procedure so you need to arrange transport.

Before you go home your nurse will give you a telephone number for the hospital in case you need to ask further advice. You will also be given a date for a follow up appointment.

Results

The laboratory results are usually sent in a report to your surgeon. Your surgeon will review the results and discuss them with you at your follow up appointment. The results will hopefully give a better understanding of your medical condition and your surgeon will offer suitable advice and treatment.

What can expect when I return home?

It is important that you complete the whole course of antibiotics that you have been given.

It's sensible to take it easy for the rest of the day. Try to drink fluids regularly for a few days afterwards to help flush out any possible infection. It is quite normal to have some blood in your urine, stool and semen for a day or two. You may then notice a brown or reddish colour in your semen for a month or two after the biopsy.

How will I know if I am experiencing complications?

You must attend the Emergency Department (A&E) of your nearest hospital immediately and explain that you have had a prostate biopsy if you have any of the following:

- Flu like symptoms within 48 hours of the biopsy.
- A burning sensation on passing urine or your urine becomes smelly.
- Increasing pain.
- An inability to pass urine.
- An increase in blood in the urine.
- A high temperature or fever.

If you have these symptoms, it is reasonable to call an ambulance if a friend or relative cannot bring you to hospital immediately.

When will I get the results?

The laboratory results are usually sent in a report to your surgeon. Your surgeon will review the results and discuss them with you at your follow up appointment. The results will hopefully give a better understanding of your medical condition and your surgeon will offer suitable advice and treatment.

Feedback

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

If you have accessed this patient information leaflet via a QR code, can you please take the time to complete a short questionnaire by clicking here.

Further information

For queries about your urology appointment, contact the hospital you have been referred to

Royal Liverpool Hospital Urology Department Tel: 0151 282 6877/6788

Text phone number: 18001 0151 282 6877/6788

Aintree Hospital
Patient Appointment Centre

Tel: 0151 529 4550

Text phone number: 18001 529 4550

For clinical questions specific to your case, telephone the secretary of your Urology Consultant or the Urology Specialist Nurses at the hospital you have been referred to

Royal Liverpool Hospital Urology Specialist Nurses

Tel: 0151 282 6800

Text phone number: 18001 0151 282 6800

Aintree Hospital Urology Specialist Nurses

Tel: 0151 529 3484

Text phone Number; 18001 0151 529 3484

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