



## **Transperineal Prostate Biopsy**

**A transperineal prostate biopsy is an ultrasound guided procedure to sample tissue of the prostate to identify cancer, inflammation or other prostate conditions. Alternatives to biopsy include observation, blood or urine tests or imaging tests. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You may be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- You will be required to perform an over the counter enema 2 hours prior to the procedure or take a laxative the day before the procedure to improve ultrasound visualization and reduce your risk of infection.
- The surgery is under general anesthesia. Surgery time is approximately 30 minutes. You will be asleep for the entirety of the procedure. Small needle pokes are made under the scrotum in the perineal skin to collect the biopsies. Upon waking up from anesthesia, you may have a bandaid or small gauze dressing over the surgical site. There will be no stitches or wound care required.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay due to effects from anesthesia.
- You will be discharged home from the hospital with a fully updated home medication list provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Ice packs are also very effective in reducing pain and after surgery. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- Some blood in the urine, stool and ejaculate is normal and expected for up to 2 weeks after the procedure.
- Bright red copious blood or clots in the stool or urine or fevers, chills, sweats, vomiting are worrisome symptoms and you should call the urology office or present to an emergency room if you demonstrate these symptoms.
- You will be seen in the urology office or offered telemedicine typically 1-2 weeks after surgery to discuss the pathology results.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery.