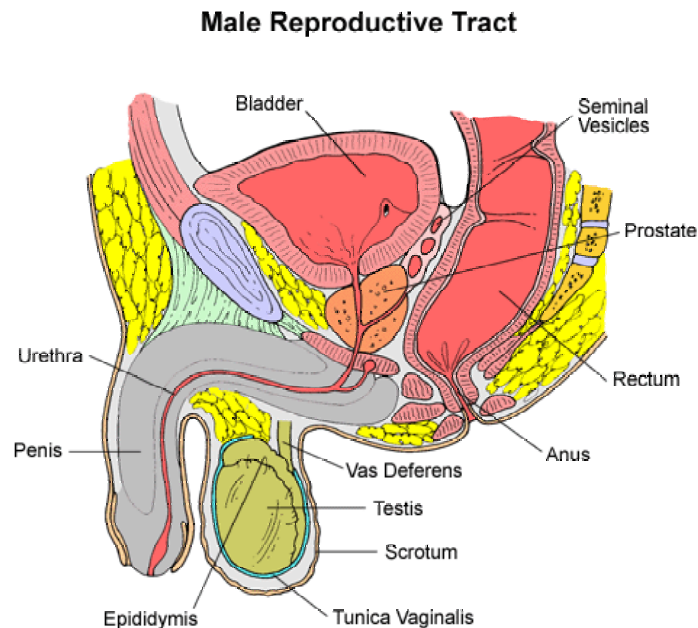


Prostate and Prostate Cancer

Where is the prostate gland located?



Prostate is a walnut shaped gland present only in men; it is located just below the opening of the bladder and encircles the water tube (urethra) that carries urine and semen.

My PSA levels are raised and I need a biopsy, so what happens now?

This examination is carried out in a special clinic which is currently held in ward 14 BRI. Even patients seen at the Yorkshire Clinic come to BRI as we have the latest high quality equipment in this clinic. You will be admitted to the York Suite if you have been seen at the Yorkshire Clinic in the first instance.

This is performed as an outpatient procedure. It does not require an anaesthetic and you will be able to go home shortly after the procedure is completed.

You will be asked to lie on the examination couch while the doctor re-examines your prostate to assess it. The doctor will then scan the prostate by inserting a small ultrasound probe into the rectum. An ultrasound probe in the rectum enables the specialist to 'see' the prostate in such a way that needle biopsies may be taken with greater accuracy from different parts of the prostate. The diagnosis of prostate cancer is made by the histological examination of prostate tissue, and the standard investigation for a man with a

raised serum PSA is the taking of several needle biopsies under transrectal ultrasound (TRUS) control.

If you are taking Aspirin, Clopidrogel or Warfarin you should have been advised about stopping the drugs. Please speak to Mr. Puri or the specialist nurse for advice,

Patients report that TRUS biopsies are moderately uncomfortable. As there is a risk of infection, antibiotics are prescribed to cover the procedure.

- However 3 in 100 will require a second course of antibiotics,
- 1 in 100 will have to be admitted to hospital for intravenous antibiotics.
- The risk of death from TRUS biopsy is less than 1 in 10,000.
- 30% may have some bleeding in the urine or following sexual intercourse for up to three weeks.

At present 60-70% of men undergoing TRUS biopsy for a raised PSA are not found to have cancer. This proportion differs according to the 'threshold' level of PSA that is considered to be abnormal.

My biopsy was negative, what happens now?

This question is very difficult to answer accurately, **but the important thing to note is that a negative biopsy result cannot exclude completely the possibility of cancer within the prostate.** If the amount of cancer is very small it is difficult to hit it with the biopsy needle.

Our current practice is to keep you under review by regular visits to the outpatient department and to repeat the PSA at intervals. If the PSA continues to climb steadily upwards this would be further evidence of possible cancer and it might be necessary to repeat the biopsies. This would not be done within three months because the act of taking a biopsy from the prostate artificially raises the PSA level and this would confuse the issue.

If the PSA levels remain stable it may be possible for your GP to repeat the test at regular interval.

We hope this leaflet provides useful information that will help you understand the reasons for the various tests. If you have any questions, jot them down here and ask the nursing or medical staff for answers.

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