TRANSRECTAL ULTRASOUND & BIOPSY INFORMATION SHEET

INDICATIONS AND TECHNIQUE: A transrectal ultrasound is a procedure where, through a probe inserted into the rectum, sound waves are “bounced” through the prostate to create an image on the screen. Conditions of the prostate such as enlargement, stones, some cancers, etc., can be better identified using ultrasound.

ALTERNATIVES: Alternatives include following the digital rectal exam periodically. In some instances CT scan, magnetic resonance imaging (MRI) may be applicable. Your Urologist will discuss this further should you have additional questions.

TECHNIQUE: You will be required to GIVE YOURSELF A “FLEET ENEMA” about 2-3 hours before the procedure. Completing the enema before you leave the house to come to your appointment is acceptable. The instructions for use of the enema are on the box.

To prevent infection, YOU WILL BE REQUIRED TO TAKE AN ANTIBIOTIC for a period of time before and possibly after the procedure if a prostate biopsy is done. Your Urologist will give you the prescription for the medication and instructions on how and when to take the medicine will be on the bottle.

Medications such as Aspirin, Motrin, CAMA, Advil, etc., should ideally be discontinued for 7-10 days prior to the procedure. However, do not discontinue any medication without consulting your Urologist or the physician who prescribed it to you.

After preparation by a technician your Urologist will insert the ultrasound probe into the rectum and examine the prostate. The probe is about the size of a finger and it is no more uncomfortable than a rectal exam.

If necessary, a biopsy may be taken. An “automatic-fired” needle is inserted into the prostate through the rectal wall and a core of prostate is obtained in a fraction of a second. Most patients rarely feel any discomfort. Generally, 18 samples are obtained and sent to Pathology for microscopic examination. Following the procedure, your Urologist will discuss the findings with you. If a biopsy was obtained, a follow-up appointment will be made for you as you leave the clinic to review the Pathology results. If your Urologist wishes you to remain on the antibiotics, you will be informed. Before you leave the clinic, your Urologist will examine you voided urine after the biopsy.

COMPLICATIONS/RISKS/SIDE EFFECTS: The transrectal ultrasound itself has essentially no complication if a transrectal biopsy is done; some patients develop a urine infection, despite appropriate antibiotic symptoms occur and/or your temperature reaches 100 degrees, notify your Urologist. Following a biopsy, you may notice a small amount of rectal bleeding. Notify your Urologist, however for an excessive amount (greater than about ½ cup).
Following the biopsy, you may see some **blood in the urine** intermittently over the next few days. If a clot becomes stuck and you cannot urinate or the bleeding is heavy (like tomato juice) for more than 24 hours, notify your Urologist. Occasionally, men will observe blood in their semen upon ejaculation which clears within a few days. In spite of the sophisticated technique, small cancers may be missed and occasionally it does not give all the information that is desired.

**WHEN TO NOTIFY YOUR UROLOGIST:**

* fever greater than 100 degrees Fahrenheit  
* difficulty urinating  
* a large amount of blood in your urine which persists more than 48 hours  
* heavy bleeding from the rectum

Every effort is made to return calls as promptly as possible; however, your Urologist may not be able to speak with you at the moment you call. Please leave a phone number where you may be reached both during the day and after normal working hours to assist us in returning your call that day. If you really feel your problem is an EMERGENCY, state this to the person who takes your call, call 911, or report directly to the Emergency Room.