

Patient Information

## Urology Department

# Local anaesthetic transperineal prostate biopsy (LATP)

### Why have you been given this leaflet?

You have been given this leaflet because you have been added to our waiting list for a local anaesthetic transperineal prostate biopsy (LATP).

### 1. Why do you need a prostate biopsy?

Your doctor has referred you to the Urology Department as you have:

- a raised PSA (Prostatic Specific Antigen) and / or an abnormal feeling prostate on digital rectal examination.
- had a scan that had raised the suspicion of prostate cancer.
- already got a diagnosis of prostate cancer and are under active surveillance.
- had a previous prostate biopsy which was negative for cancer and you now need a repeat prostate biopsy (raised PSA, lesion on the MRI scan).
- are part of a clinical trial

The prostate biopsy is an essential investigation for patients with suspected prostate cancer who are suitable for treatment. We use prostate biopsy when a tissue confirmation is required.

### 2. What is the standard management and why does it need changing?

- The standard management in the NHS is the transrectal ultrasound



## Patient Information

prostate biopsy (TRUS).

- Since the COVID-19 pandemic started we have stopped using transrectal ultrasound prostate biopsy (TRUS). This is because TRUS carries a risk of sepsis of 1-3% and our bed availability to treat septic patients has been reduced.
- For the last 4 years local anesthetic transperineal prostate biopsy (LATP) has been used successfully by many NHS hospitals.
- Local anaesthetic transperineal prostate biopsy (LATP) has better detection rates than TRUS prostate biopsy. Many NHS hospitals use it for repeat biopsy, replacing transperineal template biopsy.
- We are now using local anaesthetic transperineal prostate biopsy (LATP) to avoid delays in the diagnosis or follow-up of prostate cancer. This helps us to improve our cancer detection rates and decreases procedure related complications.

### **3. What will happen on the day of your local anaesthetic transperineal prostate biopsy (LATP)?**

- a) , On entering the hospital, your temperature will be checked. If your temperature is above 37.5°C (Centigrade) we will re-schedule your procedure.
- b) A nurse or healthcare assistant will admit you to the hospital ward, checking your vital observations. They will offer you a dressing gown to change your clothes.
- c) A member of our team will discuss the procedure with you and you will be asked to sign a consent form. The complications are detailed in section 5 of this leaflet.

Before biopsy, you should tell the doctor or nurse if you:

- are taking any medication, particularly antibiotics or anticoagulants (medication that helps to prevent blood clots). This includes Aspirin, Warfarin, Clopidogrel, Dabigatran, Apixaban, Rivaroxaban or Dipyridamole.
- have ever had bleeding problems or disorders.
- have allergies to any medications, including anaesthetic, adhesive tape, betadine or shellfish.

## Patient Information

- have experienced any symptoms suggestive of a urinary infection (burning on urination).
- d) You may receive one dose of oral or intravenous antibiotic to reduce the risk of urine infection or sepsis related to this procedure.
- e) You will be brought to the procedure room and positioned to allow access to your perineal area. The perineum is the skin between your scrotum and back passage (rectum).
- f) The scrotum will be lifted with adhesive tape and your skin cleaned with anti-septic solution (e.g. Betadine or Clorhexidine).
- g) A digital rectal examination will be performed, followed by instillation of 60 mls of warm ultrasound gel. The gel provides lubrication and allows us to see your prostate better. You will receive a combination of a very cold spray followed by an injection of local anaesthetic to the perineal skin.
- h) The ultrasound probe will be introduced through the back passage (rectum) to view the prostate and guide our biopsies.
- i) Periprostatic local anaesthetic block will be given. You may feel a burning sensation in your perineal area for 1-2 minutes. Should the discomfort persist, more local anaesthetic can be used to reduce your pain.
- j) Usually 24 cores are taken, however this varies from case to case (12-30).

### **4. What is the advantage of having local anaesthetic transperineal prostate biopsy (LAMP) compared to a transrectal prostate biopsy?**

- Local anaesthetic transperineal prostate biopsy (LAMP) takes more biopsy cores. This provides us with a better sampling of the whole prostate which increases the cancer detection rate.
- Local anaesthetic transperineal prostate biopsy (LAMP) makes it easier to target specific areas in the prostate that were highlighted by the MRI scan.
- The risk of infection is very low.
- There will be no need for a prolonged course of antibiotics after local anaesthetic transperineal prostate biopsy (LAMP).

## Patient Information

- Patients spend between 1-3 hours in hospital for local anaesthetic transperineal prostate biopsy (LATP) and 4-6 hours with the template biopsy.

Local anaesthetic transperineal prostate biopsy (LATP) offers good patient tolerability. On average, patient discomfort is 3/10 as measured in a series of studies.

### **5. What are the risks of local anaesthetic transperineal prostate biopsy (LATP)?**

Serious or frequently occurring risks:

- Blood in your urine (for a few days - almost all patients)
- Blood in your semen (for up to 6 weeks - almost all patients)
- Bruising in your perineal area (up to 50%)
- Discomfort in your prostate due to bruising (up to 50%)
- Temporary erectile dysfunction (5%)
- Inability to pass urine or acute retention of urine (5%)
- Bleeding leading to an inability to pass urine (2%)
- Failure to detect a significant prostate cancer (up to 10%)
- Bleeding in the urine requiring hospital admission (1%)
- Urine infection requiring hospital admission (1%)
- Septicaemia or blood infection (0.1%)
- Repeat procedures / biopsies may be recommended if biopsies are inconclusive or if PSA remains elevated / rises further
- Potential over-diagnosis (detection of low risk disease that may not require treatment)
- Allergic reaction
- Fainting during or after the procedure

### **6. What happens after the biopsy?**

Once the biopsy is over you will be transferred back to your hospital bay where you may have a drink (water, tea or coffee). We will make sure that you can pass urine before leaving. Should you be unable to urinate, we will

## Patient Information

introduce a urinary catheter (a small tube) as a way to drain your urine temporarily (for a few days).

Usually no antibiotics are required after the biopsy.

We shall contact you in 4-6 weeks after your biopsy via a letter, telephone call or face to face consultation to inform you about the result and further management.

### **7. Are there alternatives to local anaesthetic transperineal prostate biopsy (LATP)?**

Local anaesthetic transperineal prostate biopsy (LATP) is our standard procedure for prostate cancer diagnosis.

We believe this type of biopsy is safer and more accurate than other forms of prostate biopsy. We can do this safely and comfortably under local anaesthetic which numbs the area and you are awake.

If you would prefer general anaesthetic (you will be asleep for the operation) please discuss this with your doctor / nurse specialist.

### **8. What to expect after you have been discharged?**

- You may have discomfort in the biopsy area for 1-2 days.
- You may notice blood in your urine for a few days. Your semen may be discoloured (pink or brown) for 6 weeks, and sometimes longer. You should drink plenty of non-alcoholic fluids while you have blood in your urine.
- You may suffer some bruising in the perineal area, which can sometimes extend towards the scrotum and base of the penis.
- You may experience temporary erectile dysfunction.

### **9. Are there any COVID-19 precautions?**

You will have a COVID- 19 swab 3-4 days before the procedure and you will be asked to self-isolate or shield until you have had your procedure.

## Patient Information

All hospital staff will be wearing masks and staff performing the procedure will wear face shields.

### **Please go immediately to your local Emergency Department (A&E) if:**

- the pain or discomfort become worse
- you have a temperature higher than 38°C
- you do not pass urine for 8 hours
- you pass large blood clots
- you have persistent bleeding.

If you need to visit an Emergency Department, please ask them to contact the on-call urology SHO or registrar at UHCW for advice.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact our department and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

#### **Document History**

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