

MRI ROBOT GUIDED PROSTATE BIOPSY

MRI and Biopsy is carried out in order to make a diagnosis of cancer when doing so will lead to a greater chance of treatment assisting the man to live for a long time and a good time. That is, to reduce the chance of a man suffering and dying from prostate cancer.

Before the procedure is carried out it will be necessary to take antibiotics and use an enema to empty the bowel. Even if the bowels open regularly the enema must be used. This is to reduce the chance of infection. Instructions will be given for that. It is not necessary to fast.

The patient lies face down for the procedure. A small plastic probe is placed into the back passage. The probe is attached to the robot. You do not need to "grip" the probe. It will not fall out.

A scan is performed to show the lesion. Using a computer, Dr Gordon lines up the lesion guided by the computer. The robot makes a clicking sound as it moves in to position.

A special needle (Biopsy needle) is guided through the probe to the area and it is sampled.

Firing the needle makes two loud clicks. It is usually described by patients as being "flicked by a rubber band". It is important not to move as another scan is performed at that time.

Occasionally after a biopsy some bleeding will occur. There may be blood in the urine and there may also be some blood mixed with bowel motions

There is likely to be blood mixed with the sperm at the time of ejaculation. Bleeding may be present for up to some weeks causing a "rusty" colour and is usually not of a serious nature and stops by itself.

Patients taking Aspirin may continue to do so but may notice a little more bleeding. The same is likely to occur with anti-inflammatory medications usually taken for arthritis.

Patients must not be taking **Warfarin** or **Warfarin** related (anti coagulant) medications around the time of a Biopsy.

Occasionally there can be some swelling of the prostate gland after the Biopsy, with difficulty in urination. If that happens and the patient is unable to pass urine at all then the patient should go to the Accident and Emergency Department at the nearest hospital where a small tube called a catheter will be inserted through the penis and into the bladder to drain the urine out. How long that stays in place depends on a number of factors including how much urine is in the bladder and whether the patient has had any trouble passing urine prior to the biopsies being taken.

If the patient develops chills and fevers after the procedure then he should get in touch with Dr Gordon or attend the Accident and Emergency Department of the nearest Hospital as it is likely that the patient has developed an infection which will require further antibiotics.

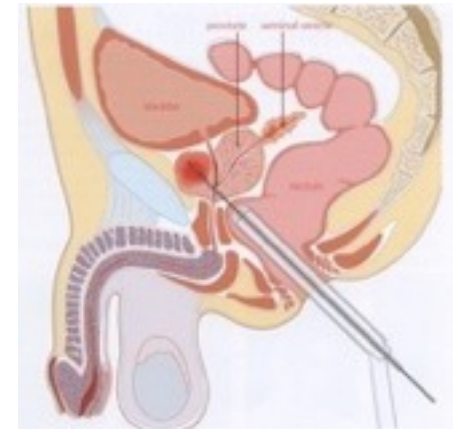
The specimens taken from the Biopsy are sent to the Pathologist for examination under the microscope. This is the only way that a cancer can be definitely diagnosed. The Pathologist will Grade

the cancer by giving it a Gleason Score. This is a number from 2 to 10 which is a method of attempting to judge how "bad" it might be.

An appointment is arranged for a review with the results of the biopsy examination when the biopsy is booked.

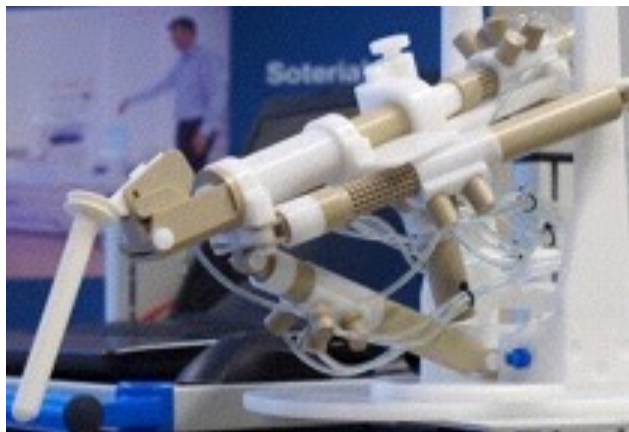
Sometimes a prostate cancer is not found in those specimens. If that is the case then the Dr Gordon will discuss the need for further follow-up appointments and investigations.

If a Biopsy is positive (shows that the patient has cancer) then it is likely that the patient will require further tests to see whether the cancer is just in the prostate gland or has spread to other parts of the body. That is called Staging. It is only after those tests have been completed that appropriate treatment can be discussed. It is often helpful if the patient has a close friend or relative with him at the time so that there is no confusion regarding discussions.



IMPORTANT POINTS TO REMEMBER

1. Do not fast or miss breakfast as that may make you feel “off colour”.
2. Do make sure you take your antibiotics.
3. Do make sure you use the enema.
4. Tell the team if you are unable to lie face down or are not comfortable.
5. There may be some “throbbing discomfort” immediately after the procedure and you will be given time for that to settle.
6. It is a good idea to have someone to take you home after the procedure.
7. Panadol or Panadeine may be taken for residual discomfort.
7. An appointment will be made to discuss the results within one week of the procedure.



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**MAGNETIC RESONANCE
IMAGING**

(MRI)

**ROBOT GUIDED PROSTATE
BIOPSY**

Cairns Urology

PATIENT INFORMATION

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