**Introduction:**

Transrectal ultrasound examination of the prostate involves passing a narrow ultrasound probe through the anus into the rectum, much like a digital rectal examination. Biopsies (tissue samples) are obtained using a spring-loaded device that fires a thin needle into the prostate through the lining of the rectum. There is typically some discomfort from the ultrasound probe but rarely any significant pain. Local anesthetic (freezing) is used to make the procedure more comfortable.

**Preparation for the Procedure:**

There are no special dietary instructions. You must use a fleet enema the morning of the procedure. This can be purchased at any pharmacy and used according to the instructions on the package. You must take antibiotics 1-2 hours before the procedure. Usually this consists of one tablet of Ciprofloxacin 1000mg, although in some cases your doctor may instruct you on a different antibiotic regimen. You must stop blood thinners before this procedure. If you are on blood thinners (examples would include Coumadin, Aspirin, Plavix, Fragmin, Xarelto), be sure to notify us for specific instructions. Please complete the attached questionnaire and consent form and take it with you to your biopsy appointment.

**The Procedure:**

The procedure is done at Joseph Brant Hospital radiology department (1st floor). During the procedure you will be positioned on your left side on a stretcher. The ultrasound probe will be inserted into your rectum and local anesthetic (freezing) will then be used. Following freezing, usually 10-12 biopsies (tissue samples) will be taken from the prostate. The procedure takes about 10-20 minutes. Following the biopsy, you will be requested to remain in the building for 30-60 minutes after the test.

**After the Procedure:**

After the procedure, you may resume regular activity. It is common to have blood in the urine and stool for several days after the procedure. You may detect blood in the semen for several weeks. If you require medication for pain you may take Tylenol (acetaminophen). Go to your nearest emergency department if you develop a high fever, chills, persistent burning with urination, severe pain, heavy bleeding, or difficulty voiding.

**Please arrange a follow-up appointment with our office approximately 3 weeks after the procedure to review the results.**

**TRUS-Bx Appointment Booking and Questionnaire**:

An appointment has been made for you at Joseph Brant Hospital radiology department, Burlington, Ontario on the following day and time:

**Questionnaire: Please circle:**

1. Did you give yourself a fleet enema on the morning of the procedure? **Y N**

2. Did you take an antibiotic tablet 1-2 hours before the procedure? **Y N**

3. Do you have any allergies to medications, latex, local anesthetic? **Y N**

 If yes please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have a bleeding disorder? **Y N**

5. Do you take any medications which alter bleeding? **Y N**

6. Do you have a pacemaker, heart valve disease, artificial heart valve, **Y N**

 an artificial knee or hip joint?

 If yes please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you need antibiotics for dental work? **Y N**

**\* If you have answered ‘yes’ to any of questions 3-7 and you think that we are not aware of it, please contact our office prior to the procedure.**

**Consent to a special radiological procedure:**

I authorize transrectal ultrasound and biopsy to be performed by Dr. Sowery or other doctor approved by him. I further authorize any additional operative and/or diagnostic procedure that may be found to be necessary during the course of this procedure. The nature of this special radiological procedure has been explained to me and I am aware of the risks, reason for doing this procedure and potential complications.

Signature of Patient Print Name of Patient Date

Signature of Substitute Decision Maker (SDM) Print Name of SDM Relation to Patient