



*Prostate solutions*  
of ARIZONA

# ***TRUS/NBP***

## **Transrectal Ultrasound of Prostate Needle Biopsies of Prostate**

An out-patient procedure  
that helps determine the  
absence or presence of  
cancer in the prostate.

# TRUS / NBP

## Transrectal Ultrasound of Prostate/ Needle Biopsies of the Prostate

Your physician has recommended a Prostate Ultrasound Procedure (TRUS) with probable Needle Biopsies of the Prostate (NBP). This procedure is done to help determine whether prostate cancer is present. The procedure is an out-patient office procedure that generally takes about 15-20 minutes.

As with all medical procedures/tests, there are some risks that exist. The procedure involves placing an ultrasound probe in the rectum and imaging the prostate. Gray Scale and Color Flow Doppler images of the prostate will be obtained. After imaging the prostate, if your physician feels it is necessary, biopsies may be performed. This involves firing a needle biopsy device into the prostate through the rectal wall to obtain prostate tissue for pathologic examination. The biopsies are done through the ultrasound probe and may be painful. In most cases, an injection of a local anesthetic into the area around the prostate may be done prior to the biopsies. Typically 12-20 biopsies are done and very small "cores" of tissue are obtained. These are then sent to a pathology laboratory for analysis. The results usually take 3-5 days and if you have not heard from us, please call for the results.

Prostate Solutions of Arizona will strive to send your pathology specimens to a laboratory that accepts your insurance, however, the pathology charges are independent of our services, and you may be responsible for some or all of the costs. Please inquire if details on billing are needed.

Risks of prostate biopsies include bleeding and infection as well as other general risks of an invasive procedure. It is common to have some blood in the urine or with bowel movements for a number of days after the procedure. Blood in the semen is typical, and may last weeks or months.

## Because of these risks, we recommend the following:

- *Stop any drugs that may cause potential bleeding before the procedure.* This includes Aspirin 10 days before, as well as other over the counter pain medications except Tylenol (Acetaminophen). Coumadin, Plavix, etc., will also need to be stopped prior to the procedure. Please check with your physician regarding the timing of stopping these types of drugs. Vitamin E and herbal medications should also be stopped 10 days prior to the procedure. Please note that drugs such as Ibuprofen (Advil) are included in the group of drugs that should be stopped.
- *Your physician will recommend an antibiotic before and after the procedure.* Typically a daily dose of an antibiotic for 3 days will be advised and should be started on the day of the procedure - taken in the morning. If an alternate regimen is required, we will advise you in advance.
- *A Fleets enema performed 2-4 hours before coming to the office is advised.* This is not absolutely necessary, so if there is a problem with administration, please let us know.
- *You should eat and drink normally the day of the procedure.* You do not need to fast.
- *In general, it is advisable to go home after the procedure and "take it easy" that day/evening.* We prefer that someone drive you home but it is not always absolutely necessary. If drugs such as Valium or narcotic analgesics are used, it is mandatory that you not drive following the procedure.

If you have any specific questions or concerns regarding the procedure, please let us know in advance. Despite all of the above information, this is typically a very simple, low risk procedure. The risks of serious bleeding, infection, etc., are less than 1 percent.

As with any test, a "false negative" result could occur. This means that a cancer could be "missed" or not detected on the ultrasound or biopsies. It may therefore be necessary to carefully follow PSA's and digital rectal exams (DRE) in the future and repeat biopsies may be necessary in the future.

If high fever (over 102° F), chills or heavy bleeding occur after the procedure, you should notify your physician.

**Notes:**

Horizontal lines for notes, organized into two columns.



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