

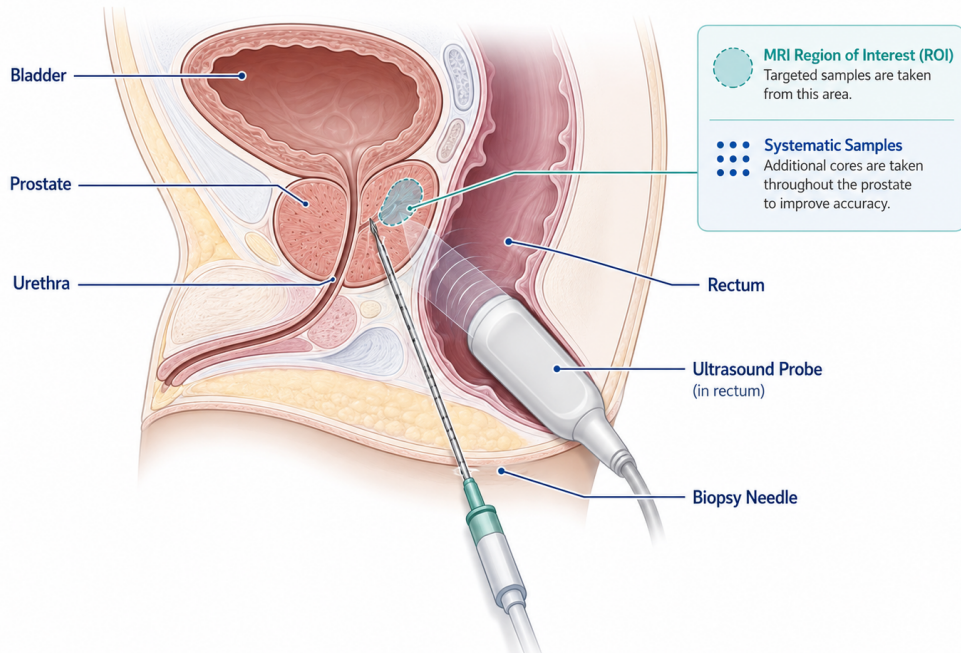
# Transperineal Prostate Biopsy: Pre-Op Guide

A step-by-step guide to why this biopsy is done, how it is planned, and how to prepare.

A prostate biopsy is done when your PSA, MRI, or overall risk assessment suggests that more information is needed. PSA is a useful screening test, but it does not diagnose cancer by itself.

## Transperineal Prostate Biopsy

Ultrasound guidance is used to direct the biopsy needle through the perineal skin and into the prostate to obtain tissue samples.



### Why am I having a biopsy?

- PSA stands for **prostate-specific antigen**. Think of it as a marker of prostate activity.
- PSA can be elevated because of an enlarged prostate, inflammation or infection, recent sexual activity, or prostate cancer.
- The goal is to decide whether continued monitoring is reasonable or whether a biopsy is needed.

### MRI and biopsy planning

- Most patients complete a **prostate MRI** before biopsy whenever feasible.
- The MRI helps identify suspicious areas and gives a **PI-RADS** score.
- I also use the MRI to measure prostate size and calculate **PSA density**.
- The MRI should usually be completed at least **2 weeks before** the anticipated biopsy date.

### How to prepare

- There is usually **no special home preparation** for this biopsy.
- Do **not** shave, use hair remover, do an enema, or take antibiotics ahead of time.
- Please do not shave the area yourself. If anything needs to be trimmed, the surgical team will handle it.
- The pre-surgery testing team will give you any anesthesia-related instructions that apply to you.

# Transperineal Prostate Biopsy: What Happens Next?

Your evaluation is often a multi-stage process. We will partner with you each step of the way.

## How I sample the prostate

- A **transperineal** biopsy means the needle goes through the skin between the scrotum and anus, called the **perineum**.
- The biopsy needle does **not** pass through the rectum.
- I use a template-based approach and usually sample **10 planned sectors** of the prostate.
- If the MRI shows a suspicious region of interest, I also take **2 - 3 targeted cores** from each MRI target.
- Some biopsies use MRI fusion and some do not. The overall recovery instructions are generally the same.

## Scheduling, medications, and clearances

- The patient is responsible for **scheduling the MRI**. We provide a separate imaging handout to help with this.
- After the MRI is completed and reviewed, the clinic will contact you if a biopsy is recommended.
- Before the biopsy, our team reviews your medications and medical history, including **blood thinners**.
- Some patients may need cardiac, medical, or anesthesia clearance depending on their health history.
- Do not stop important medications unless you are specifically instructed to do so.

## What happens after the biopsy?

- Most patients go home the **same day**.
- Common temporary symptoms include mild perineal soreness or bruising, light blood in the urine for a few days, blood in the semen for several weeks, and short-term burning or urinary frequency.
- These symptoms are expected and are reviewed in more detail in your separate **post-op instruction sheet**.
- Our transperineal approach has a very low complication rate, but we still review warning signs and recovery expectations carefully.

## Results and next steps

- Biopsy results usually take about **1 week**. Results may appear in MyChart before my office contacts you.
- If no cancer or very low-risk cancer is found, we usually continue PSA monitoring.
- If cancer is found, this is usually **not an immediate emergency**. We often complete any needed tissue testing and/or imaging before the formal consultation so we can review the full picture together.
- When treatment planning is needed, I often coordinate the visit with our **oncology nurse navigator**.
- If your MRI is not completed far enough in advance, the biopsy may need to be rescheduled.