

**Manchester Urology Associates, PA**  
**PROSTATE BIOPSY INSTRUCTIONS**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Number: \_\_\_\_\_

**Dear patient,**

**Your doctor has determined that you need biopsies of your prostate. The procedure is performed in conjunction with a prostate ultrasound (probe inserted into the rectum to obtain images of the prostate gland.) Once the areas to be biopsied are localized using ultrasound, the biopsies are performed using needles. You will receive a local anesthetic to alleviate any discomfort from these biopsies. (Please inform your provider if you have ever experienced any problems with local anesthetics [e.g. lidocaine or novacaine.]**

**There are risks associated with this procedure, although these occur infrequently. They consist primarily of urinary or bloodstream infection, urinary or rectal bleeding, and occasional difficulty urinating. If you should develop any of these symptoms or a fever of over 100 degrees F., please contact the office or the physician on-call immediately at 603-669-9200.**

**Note: mild bleeding from the rectum, penis or with your ejaculate is expected.**

**Following the biopsy procedure, you should plan to drink an 8 oz. Glass of water every hour for the next six (6) hours to flush out the bladder. We will generally have your biopsy report ten (10) days following the biopsy. Your physician must review the biopsy results before they are released so that you will have a comprehensive understanding of the results. Please call the office at 603-669-9200 if you do not receive your results within ten days.**

**In order to minimize biopsy-related infections, we will prescribe an antibiotic to be started one day prior to the biopsy procedure (see below.) In preparation for the biopsies, it is also required that you give yourself a Fleet enema two (2) hours prior to the biopsies. The Fleet enema can be purchased over-the-counter at any pharmacy. You do not need to fast prior to the biopsies. In fact, we recommend that you eat normally up to the time of the biopsies.**

**You should receive a call from someone at our office approximately two (2) weeks prior to your biopsies to discuss when to stop any blood thinners, when to start antibiotics, and to answer any other questions or concerns that you may have about the procedure. Please have a list of all of your current medications available at that time. We will be particularly concerned about what blood thinners you are taking (see list below.) Please call the office at 603-669-9200 if you do not receive a call by fourteen (14) days prior to the biopsies.**

**Please notify us if you are taking any of the following blood thinners so that we may give you a recommendation as to whether these may need to be held for the procedure: warfarin (Coumadin, Jantoven); clopidogrel (Plavix); dipyridamole**

**(Persantine); ticlopidime (Ticlid) or any aspirin-containing products. Keep in mind that many over-the-counter dietary supplements and pain medicines may contain aspirin products. Please ask us if you are not certain.**

**BIOPSY SCHEDULE:**

**On \_\_\_\_\_ (ten [10] days prior to the biopsies) stop taking aspirin products and any over-the-counter dietary supplements.**

**On \_\_\_\_\_ stop taking any other blood thinners as listed above unless directed otherwise by our providers at the 2-week phone call or by your own primary care physician or cardiologist.**

**On \_\_\_\_\_, the day prior to the biopsies, start taking your antibiotics as prescribed.**

**On \_\_\_\_\_, the day of the biopsies, make sure that you take your antibiotic dose as prescribed.**

**Two hours prior to the biopsies, use the Fleet enema.**

**I have received and completely understand these instructions and agree to follow them carefully. All questions pertaining to this procedure have been answered to my satisfaction.**

**(Patient) \_\_\_\_\_**

**(Witness) \_\_\_\_\_**

**(Date) \_\_\_\_\_**

**7/2008**