ABOUT YOUR APPOINTMENT/PROCEDURE:
You have been scheduled to have an ultrasound examination of your prostate gland. This examination will enable the doctor to produce images of your prostate gland. If an abnormal area of the prostate is identified, or if your previous blood test results or physical exam findings make it advisable, he will proceed with a needle biopsy of the prostate. The procedure is done in the office without need of anesthesia. For the sake of time and your convenience, we would like you to be prepared to have the both the ultrasound and the biopsy done all on the same day. A full consent form is included in the packet.

DESCRIPTION OF PROSTATIC ULTRASOUND AND BIOPSY:
Ultrasound uses harmless sound waves to give us pictures of the prostate and allows us to accurately guide a biopsy needle to areas of concern. Indications for prostate biopsy include suspicion of cancer either by suspicious finger exam of the prostate or by elevation of a prostate cancer screening blood test (PSA). Initially, a complete finger exam is done. Next the ultrasound probe, finger-like in size and shape, is placed into the rectum. With slight movement of the probe, many different views are obtained. When areas of suspicion are seen, biopsies will be taken. A spring loaded fine needle is placed through the probe and pointed directly at the lesion. Anywhere from 6 to 20 biopsies may be taken. These biopsies are not usually painful. The entire exam takes 20-30 minutes. You may have some soreness around the rectum for up to one hour. You may also notice blood in the urine and stool for a few days, and in the semen for up to a few months. We will not have the biopsy results for two to five days -- please be patient.

POSSIBLE RISKS OF PROSTATIC ULTRASOUND AND BIOPSY:
- Infection of the prostate or in the urine can occur even with antibiotic preparation.
- Bleeding into the urethra or bladder can occur. This can cause a blood blister (hematoma), an inability to urinate, or a need to urinate often.
- Bleeding into the rectum. You may experience a small amount of bleeding from your rectum for two to three days after the procedure.
  You should call if you develop fever, chills, severe pain or have continuous or significant bleeding.

PREPARATION FOR PROSTATIC ULTRASOUND AND BIOPSY:
*** No aspirin products for 5 days before the biopsy ***
- No dietary restrictions on the day of the procedure.
- We have included a prescription for an antibiotic. Please fill the prescription at the pharmacy of your choice and take both antibiotics two hours prior to your biopsy.
- If you are taking Coumadin, aspirin products, ibuprofen products, or any other blood thinning medications, please stop those 5 days prior to the scheduled appointment. PLEASE SEE A LIST OF BLOOD THINNERS ON THE REVERSE SIDE OF THE PAGE (If you are unsure about any of your medication, please contact our office.)

Karl R. Westenfelder, M.D., Garrick R. Simmons, M.D. Kevin M. Kronner, M.D.
Christopher G. Wichers, M.D., Richard L. Wiesemann, PA-C, Whitney C. Martin, PA-C
2875 Tina Ave STE 101 Missoula, MT 59808
(406) 728-3366 Fax (406) 728-0651
FOLLOW UP INSTRUCTIONS:
We will call you with biopsy results as soon as we receive them unless you have requested otherwise. If you have not heard from us in 5 working days, then call us to get a status report.

BLOOD THINNERS

Blood thinning medications should be discontinued 5 DAYS before your appointment/procedure except as noted below. Be sure to talk to your doctor before resuming these medications or if you have any questions regarding your current medications. The following is a sample list.

- ADVIL
- ALEVE
- ALKA SELTZER
- ARIXTRA
- ANAPROX
- ASPIRIN
- BEXTRA
- CELEBREX
- COUMADIN
- FISH OIL
- IBUPROFEN
- MOTRIN
- NAPROSYN
- PLAVIX (STOP PLAVIX 10-14 DAYS PRIOR)
- TICLID
- VIOXX
- VITAMIN E
- VOLTAREN
UNDERSTANDING THE PROSTATE BIOPSY

Your prostate gland is located at the base of your urinary bladder. It is normally the size of a walnut and surrounds the tube (urethra) through which urine passes from your bladder to the outside of your body. The prostate produces the liquid that mixes with sperm to make semen.

I can examine your prostate in two ways. First, I can actually feel its rear surface during a rectal exam because it sits just in front of your rectum. Second, I can take a sample of your blood and send it to a lab where the amount of prostate-specific antigen (PSA) can be measured. Abnormalities found with these exams may indicate prostate cancer, non-cancerous (benign) tumors, infection, or even the normal effects of getting older. A biopsy is sometimes needed to determine the exact problem.

A biopsy enables me to obtain small bits of tissue from your prostate. The tissue will be sent to a pathology laboratory to be examined carefully under a microscope by a specialist physician (pathologist). The pathologist will send us a report that will tell us whether an abnormality is present, whether it is benign or cancerous (malignant), and, to some extent, how dangerous the problem appears to be. This information is essential in order for us to know if you need further treatment and, if so, what kind of treatment is likely to be most successful. We will discuss your unique clinical circumstances before the biopsy procedure to decide if a different approach should be considered.

POST TRANS RECTAL ULTRASOUND AND PROSTATE BIOPSY INSTRUCTIONS

1. Increase your fluid intake for the next 1-2 days to decrease formation of blood clots in your urine. If your urine is completely clear for the first few urinations, you will probably not have to worry about this. Some spotting of the urine with blood may occur for the first week, in some cases even a month -- not to worry and it will go away.

2. You may experience discomfort in the rectum or base of your penis. This is normal and should be of no concern. In addition, you may have a small amount of blood in your stool when you have a bowel movement.

3. You may also notice blood or discoloration in your semen if you are sexually active. This is also normal and may last for a few weeks or even 2 to 3 months until the blood is cleared out of your prostate. You do not need to call us with blood in your semen.

4. Limit your activity, particularly strenuous ones, for 24 hours. Staying off your feet until the next morning is probably a good idea.

However, IT IS IMPORTANT THAT YOU CONTACT US AS SOON AS POSSIBLE if any of the following symptoms occur:

- Persistent burning or discomfort with urination
- Chills or Fevers
- Blood clots or excessive blood in the urine or stool making it difficult to urinate
- Difficulty or inability to urinate

If problems occur then during the week from 8:00 am to 5:00 pm, call our office and ask for the nurse on duty. Explain the problem or symptoms to the nurse; if necessary, she will let you speak to a physician or will try to reach your doctor. If you call after hours or on weekends, you will be automatically connected to our answering service, which will put you in touch with the physician-on-call.

We plan to call you as soon as the results of the biopsy are available. Be patient, as the pathologist have to be certain about the interpretation of your biopsy. This may require additional opinions from other members of the Department of Pathology. We should have the results in two to five working days. If you have NOT heard from us by then, call us so that we may check on the progress of your biopsy.
COMMONLY ASKED QUESTIONS

What are the risks of a biopsy?
The risks vary depending on the technique and body part that is being biopsied. All biopsies have some common risks that are associated with almost any surgical procedure...bleeding, pain and infection. These risks should be understood by any patient undergoing a biopsy.

Another risk is that the biopsy results may be inconclusive or difficult to interpret. Additional biopsies or opinions may be required to help with this problem.

Who interprets the biopsy?

A biopsy is interpreted by a physician called a 'pathologist'. The tissues removed are prepared in many ways, often referred to as 'staining'. Preparation and staining and interpretation may require two days or more. The 'stained' tissue is placed between two small pieces of clear glass (which is called a 'slide') and then examined under a microscope.

The pathologist can look at the tissue presented and give an opinion as to whether it is normal or not. The pathologist may take into consideration the patient's medical condition and other laboratory tests and previous biopsy materials before giving an opinion or 'diagnosis'.

How long does it take to get the results of a biopsy?
The length of time for biopsy results varies from minutes to days. A technique called 'frozen section' can give results in a very short time, but it is a technique that has a higher likelihood of giving an incorrect or incomplete diagnosis. This technique is used almost exclusively in the operating room, where decisions have to be made immediately.

Is it all right to have a bowel movement following my prostate biopsy?
Yes. Having a bowel movement is not dangerous and should not be painful.

Will the prostate biopsy affect me sexually?

No. There will be no after affects of the biopsy that will change your sexual ability or enjoyment. Your semen may contain some blood for a while, but this is not harmful to you or to your partner.

How can I have a prostate problem if I have no symptoms?

Prostate problems often do not cause symptoms in their early stages. Treatment is far more likely to be successful during this "silent" stage, so it is important to make the diagnosis now.

When will the results of my biopsy be available?
The pathologists will report their findings to my office, usually within two to five business days.

What can a biopsy tell?

Some of the more common interpretations of biopsies include:
1. Normal tissue, no abnormalities
2. Not normal, but not cancerous or malignant (often some type of inflammation)
3. Not normal - difficult to interpret
4. Not normal - not cancerous but a pre-cancerous condition
5. Cancer

Summary

A biopsy is a serious matter. As discussed above, many different situations can arise which may need discussion with your physician. Please ask if you have any questions.