Prostate Biopsy

What is a prostate biopsy?
A prostate biopsy is a test to check for cancer cells and other problems with your prostate. Your doctor has recommended a prostate biopsy because of elevated prostate-specific antigen (PSA) or an abnormal digital rectal exam (DRE).

During a prostate biopsy, a doctor takes tissue from your prostate. That tissue is then sent to a lab to be tested for cancer cells and other problems. The procedure to collect the samples takes about 10 to 15 minutes. Testing the tissue usually takes about a week.

Before your procedure
• Tell your doctor if you’re taking blood-thinning medications (anticoagulants). If you are, you may need to stop taking them before the biopsy. (Anticoagulants include Coumadin, Plavix, Ticlid, Persantine, Heparin, and Lovenox.)
• Stop taking certain medications. Stop taking these medications for 7 days before your biopsy: Aspirin, Alka-seltzer, Advil, Aleve, Bufferin, Baby Aspirin, Naprosyn, Ecotrin, Excedrin, Motrin, Toradol, and Ibuprofen.
• Start taking antibiotics and other medications. If your doctor prescribes antibiotics and other medications, fill the prescriptions right away and take them as directed.

The day of the procedure
• Use an enema. Two hours before your biopsy, use a Fleet enema as directed on the package. You can get a Fleet enema at most grocery and drug stores.
• Check in and prep. When you arrive at the facility, a medical assistant will show you to a patient room and take your vital signs. You’ll remove all clothing from the waist down and lie on a table on your side.

During the procedure
To collect the tissue samples, your doctor:
• Inserts a lubricated ultrasound probe with a retracting needle into your rectum. The ultrasound creates an image of your prostate.
• Removes up to 12 small tissue samples with the needle. The number of biopsies your doctor collects depends on the size of your prostate gland.

You will be awake during the procedure, and you may feel some pain and pressure.

After the procedure
After the biopsy, you may experience one or more of these symptoms:
• A dull ache or discomfort in the lower pelvis (near the groin) for a few days (You can take over-the-counter pain medications if needed.)
• Blood from the rectum or in your stool for up to 3 days
• Blood in your urine and semen for up to 4 weeks

You should avoid heavy activity for 1 day after your biopsy. After that, you can resume your normal activities.
When to call your doctor
Contact your doctor if you have any of the following symptoms after your biopsy:

- Increase in the amount and frequency of bleeding
- Increase in pain
- Fever of 101.5°F or higher
- Inability to urinate

When will I receive results?
A pathologist (a doctor who specializes in looking for cancer cells) will examine the tissue under a microscope to look for the cause of elevated PSA or an abnormal DRE.

You will receive a phone call with your results within 1 week. If you haven’t received a call after 7 days, please call your doctor’s office.

What do the results mean?

Negative result
A negative result means cancer cells were not found. Even though your biopsy didn’t show cancer, you may have abnormal cells in your prostate.

You may have one of the following:

- Abnormal cells called high-grade Prostatic Intraepithelial Neoplasia (PIN) or Atypical Small Acinar Proliferation (ASAP). These types of cells can become cancer cells.
- Benign prostatic hyperplasia (BPH), or an enlarged prostate. With BPH, your prostate may slow or block your urine. You may receive daily medication to shrink your prostate and ease your symptoms.

Your doctor will create a plan to monitor your prostate based on the findings from your biopsy. You will be instructed on how often to get PSA and DRE tests.

Positive result
A positive biopsy means cancer cells are present in your prostate. You will meet with a urologist (a doctor who specializes in male reproductive organs) to discuss the details of your diagnosis and the extent of the cancer. The urologist will give you resources to help understand your options and make treatment decisions.