



Queensland Government

TRUS Biopsy

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
- If Yes, is a qualified Interpreter present? Yes No
- A Cultural Support Person is required? Yes No
- If Yes, is a Cultural Support Person present? Yes No

B. Procedure

The following will be performed. (*Doctor/doctor delegate to document - include site and/or side where relevant to the procedure*)

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A Trans Rectal Ultrasound is called a TRUS. A TRUS Biopsy is a procedure where a tissue sample is taken from the prostate via an ultrasound probe that has been inserted in your back passage (rectum).

This procedure will require the use of a local anaesthetic gel and the injection of a sedation anaesthetic.

C. Risks of the procedure

In recommending a TRUS Biopsy, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the biopsy site. This may require medication.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Sepsis (*very bad infection*) requiring treatment with antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Excessive bleeding from the biopsy site. This may require other treatment and/or corrective surgery.
- An allergy to injected drugs, requiring further treatment.
- The biopsy procedure may not obtain enough tissue and may need to be repeated at a later date.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is *very rare*.

Sedation risks and complications include:

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage.

D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.

DO NOT WRITE IN THIS BINDING MARGIN

V3.00 – 12/2018



SW9274



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- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional guidelines.

I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

Student examination/procedure for educational purposes

For the purpose of undertaking professional training, a student/s may observe the medical examination/s or procedure/s and may also, subject to patient consent, perform an examination/s or assist in performing the procedure/s on a patient while the patient is under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with the relevant professional guidelines.

For the purposes of education I consent to a student/s undergoing training to:

- observe examination/s or procedure/s Yes No
- assist and/or perform examination/s or procedure/s Yes No

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

I have been given the following Patient Information Sheet/s:

TRUS Biopsy

On the basis of the above statements,

I request to have the procedure

Name of Patient: _____

Signature: _____

Date: _____

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: _____

No ▶ Name of Substitute Decision Maker/s: _____

Signature: _____

Relationship to patient: _____

Date: _____ PH No: _____

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor / delegate statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: _____

Designation: _____

Signature: _____

Date: _____

F. Interpreter's statement

I have given a sight translation in

_____ (state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: _____

Signature: _____

Date: _____

DO NOT WRITE IN THIS BINDING MARGIN



1. What is a TRUS Biopsy?

A Trans Rectal Ultrasound is called a TRUS. A TRUS Biopsy is a procedure where a tissue sample is taken from the prostate via an ultrasound probe that has been inserted in your back passage (rectum).

Ultrasound is used to help the doctor properly place the biopsy needle. The needle is pushed through the rectal wall and into the prostate to take the tissue sample.

2. Will there be any discomfort, is any anaesthetic needed?

This procedure will require the use of a local anaesthetic gel and a sedation anaesthetic.

You should feel no more than mild discomfort.

Sometimes, the biopsy needle can irritate the prostate and make you think you have passed urine. You will *not* pass urine – it is only ‘a feeling’.

3. What is sedation?

Sedation is the use of drugs that give you a ‘sleepy-like’ feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some or little about what has occurred during the procedure.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- whether you have any other illness
- personal factors, such as whether you smoke or are overweight.

4. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- A bowel preparation kit. The bowel must be completely clear for the procedure to be accurate and complete. Be sure to follow the directions carefully otherwise you may have to have the procedure rebooked.
- *If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood* ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- *List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.*

- *Do not drink any alcohol and stop recreational drugs* 24 hours before the procedure as these may alter the effects of the sedation anaesthetic. If you have a drug habit please tell your doctor.

5. During the procedure

A fine needle (IV cannula) will be inserted into a vein in your arm.

The doctor will insert a local anaesthetic gel into your back passage.

Lying on your side with your knees bent, the specialised ultrasound probe will be inserted into the back passage. Ultrasound pictures of the prostate are taken.

The doctor will insert the biopsy needle, alongside the ultrasound probe. The biopsy is taken and the needle taken out. It is not unusual for this step to be repeated 6 to 12 times.

You must remain as still as possible during the procedure.

When the procedure is finished, the ultrasound probe and biopsy needle are removed.

6. After the procedure

The recovery time varies depending on the amount and type of sedation given. Usually between 2 to 4 hours.

The IV cannula will be removed after you have recovered.

Staff will discuss with you what level of activity is suitable after your procedure.

Avoid strenuous activity (including sexual activity) for a couple of days after your biopsy.

You can expect to;

- see some blood in your urine, faeces and semen for 7 to 10 days after the biopsy and
- have a dull ache in the area between the anus and the scrotum. Simple pain killers will assist with this.

7. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).

