Patient Information

Urology Department

Transrectal prostatic ultrasound and prostatic massage

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
This procedure involves using an ultrasound probe, inserted via the back passage, to scan the prostate. In order to determine whether your pelvic pain symptoms are due to an infection within the prostate, a massage of the prostate gland will be performed, after you have produced a urine sample.

What are the alternatives to this procedure?
Observation and standard clinical management.

What should I expect before the procedure?
Please be sure to inform your urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

What happens during the procedure?
Prostatic ultrasound and a prostatic massage, if necessary, is performed without anaesthetic and therefore there are no restrictions to eating and drinking.
We would like you to attend with a comfortably full bladder so that a small urine sample can be taken before the ultrasound is performed. We will ask you to retain urine within the bladder after providing this sample so that a further urine sample can be taken after the prostatic massage.

You will be asked to lie on a couch on your left hand side and draw your knees up towards your chest. You will be provided with a container to hold over the end of the penis after you have retracted the foreskin. The doctor will then insert a gloved finger into the back passage and press on each side of the prostate approximately six times. This may cause some discomfort.

An ultrasound probe will then be inserted into the back passage with the aid of lubricant jelly and a scan of the prostate and measurement of its volume performed.

The ultrasound probe will then be removed and replaced by a gloved finger so that further pressure on the prostate can be applied again, approximately six times on each side of the prostate. Again the container for collection of fluid needs to be held over the end of the penis.

You will then be asked to provide a further urine sample of approximately 20mls of the first part of urine you pass after the massage. After providing this sample you can then empty your bladder.

What happens immediately after the procedure?
Once you have produced the second urine sample you will be free to the clinic. If you have any discomfort and wish to stay for a short period that will pose no problem.

Are there any side effects?
Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than one in 10)
The only side effect is discomfort caused by the examining finger particularly when pressing on the prostate to expel fluid from the gland and also discomfort from the ultrasound probe. If the examining finger or ultrasound probe is causing a great deal of discomfort the procedure can cease for a period, and if necessary, be abandoned.

Are there any other important points?
The results will be available in approximately 10 to 14 days and we will write to you with these results and plans for further management.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.
Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific laboratory based research into this condition at present but the department is subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879
What should I do with this leaflet?

Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature.......................................................Date..............................................
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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