

INFORMED CONSENT FORM AND GUIDELINES TRANSRECTAL PROSTATE BIOPSY

GUIDELINES FOR TRANS-RECTAL PROSTATE BIOPSY AND POST-BIOPSY CARE

1. What is the trans-rectal biopsy of the prostate?

It is the biopsy used to investigate changes in the prostate. Through this procedure we obtain fragments of tissue from the organ, which are sent to the pathologist for examination.

2. How is it performed?

The procedure is performed with the guidance of a trans-rectal ultrasound, and a disposable needle is used. Most of the time, the biopsy is done with local anesthetic and intravenous sedation, monitored by an anesthesiologist. Sedation must be requested by the patient's physician upon request of biopsy.

3. What are the risks of this type of biopsy?

- This biopsy is very safe and serious complications are rare (<1%). The usual complications are anesthetic, bleeding and infections.
- Complications related to intravenous sedation are rare and usually have an immediate solution, since the test is monitored by an anesthesiologist.
- Minor bleedings in the urine, faeces and / or sperm are expected for up to 20 days after the procedure and require no additional care because they spontaneously stop. Major bleeding is rare. If there is major bleeding, an intervention could be necessary (cauterization by rectosigmoidoscopy). The cost of this procedure is not included in the trans-rectal prostate biopsy procedure.
- Infections are rare and usually occur several days after the puncture. Signs of infection include: pain in lower abdomen, fever and chills. To prevent it, it is important to use antibiotics, as prescribed upon scheduling of the exam.

4. After-puncture care?

- a. After the biopsy, rest in the hospital for at least 1 hour.
- b. Do not drive and avoid public transportation or long trips back home from the hospital on the day of the procedure.
- c. Do not forget to take the antibiotics prescribed.
- d. Do not work on the day of biopsy and avoid physical exertion or sexual activity for five days.
- e. There are no food restrictions or bathing limitations. However, alcohol should be avoided while taking the antibiotics.
- f. It is not a common to experience significant pain, that requires treatment. If this occurs, we recommend the use of common painkillers, except those containing acetylsalicylic acid /aspirin.
- g. If there is any complication, especially heavy bleeding in the stool or urine, or signs of infection (see above), call your doctor, seek emergency treatment at the hospital, or contact the doctor who performed the biopsy.

5. Laterality:

Right Left Not applicable

6. Informed consent:

Patient Guardian

I, _____ have been duly clarified and informed regarding the procedure I will undergo, a _____, as well as its foreseeable risks, unexpected complications and post-procedure care. I understand that, at discharge, I shall be accompanied by an adult. And, having understood all matters perfectly, I authorize the procedure.

Full Name / ID Card

Signature

7. Medical Information:

I have explained clearly and objectively the entire procedure, exam, treatment and/or surgery the aforementioned patient is to undergo, to the patient him/herself and/or their guardian, in addition to informing them about the benefits, risks and alternatives, having answered their questions. It is my understanding that patient and/or his/her guardian is able to understand what they were told.

Physician's Name and CRM

Signature