

GLA Prostate Biopsy and Fiducial Placement Protocol September 2022 update

Pre-procedure preparation

- Discontinuation of all anti-coagulants and anti-platelet agents including low-dose aspirin

NOTE: This step not necessary with placement of prostate fiducials or target-only limited biopsies.

- Administration of enema

NOTE: This may be done the night before the procedure. All patients will be questioned regarding their compliance with enema administration. If an enema was not self-administered or if there is gross evidence of stool in the rectal vault the procedure will be cancelled unless a successful enema can be performed while the patient is in clinic.

- The decision to perform a prostate biopsy should NOT be influenced by the presence of asymptomatic bacteriuria or an abnormal urinalysis. However, the procedure will NOT be performed in persons with symptomatic urinary tract infections (e.g., with fever, costo-vertebral angle or suprapubic tenderness, or dysuria).

Antibiotic prophylaxis

Standard regimen

- Fosfomycin 3 gm po mg single dose to be taken **1 – 4 hours** prior to the procedure. Pour the entire contents of a single-dose sachet of fosfomycin (Monurol™) into 3 to 4 ounces of water (1/2 cup) and stir to dissolve. Do not use hot water. Fosfomycin should be taken immediately after dissolving in water

AND

- Ciprofloxacin 500mg po mg x 2 doses: 1st dose to be taken evening prior to procedure and 2nd dose to be taken **1-4 hours** prior to the procedure. For creatinine clearance <30 mL/min, only the dose 1-2 hours prior to the procedure should be given.

Procedure

- All procedures will be performed by a surgeon who has completed in-servicing regarding all procedures in this document. All trainees (surgical residents) performing procedures will have been previously in-serviced and will be supervised by an attending physician who has completed the in-servicing.
- Single use lidocaine jelly uroject will be used to instill lidocaine into the rectum prior to any other procedure
- Povidone iodine sponging of the rectal vault followed by betadine enema 2 – 5 minutes prior to the procedure.

NOTES:

- The rectum will be sponged with a swab saturated with solution of 50 ml of povidone iodine mixed with 50 ml of normal saline. The swab will inserted **as far into the rectal canal/vault as can be practicably done**
- Normal saline will be used in place of the povidone iodine-saline mixture in patients with iodine allergies.
- Prostate biopsy needle will be dipped in formalin after each biopsy
- Single use packets of transducer gel will be used for all procedures
- Single use lidocaine vials will be used for all procedures

Equipment

- The disposable Bard biopsy needle/gun devices (all-in-one) will replace the reusable Cook biopsy gun (note that the biopsy needles used by the Cook biopsy gun were disposable, single-patient items).

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Documentation

- Time and performance of enema, antibiotic administration, procedure duration
- Ultrasound probe number
- Surgical attending staff and trainees; record who does the biopsy
- Nursing staff
- Duration of procedure
- Number of biopsy specimens obtained
- Assessment of infectious complications 2 – 4 days post-procedure

NOTE: This can be done by the case manager or RN using a standardized script; particular attention will be paid to the development of fever ($\geq 101^{\circ}\text{F}$), rigors and hospital/ED visits. Phone findings will be documented in CPRS.

References:

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