

# The Management of a patient post Transrectal Ultrasonography (TRUS) Biopsy sepsis

Tanya Conroy MScN

# Background

- 62 year old male referred to the Rapid Access Prostate Clinic (RAPC)
- PSA 6.2
- Abnormal digital rectal exam

# Assessment

## Past Medical History

- Nephrectomy
- IHD
- Hypertension
- Hypercholesterolemia

## Urological assessment

- IPSS = 3

CRE risk assessment  
No red Flags

## Regular Medication

- Atorvastatin
- Bisoprolol
- Aspirin
- Perindopril

## Allergies

Penicillin- Rash

Ciproxin 750mg given 1 hour  
pre and 12 hours post Biopsy

# Information provided

- Procedure
- Potential complications
- Contact details of urology CNS if any issues post procedure
- Information re obtaining results

# Biopsy performed 7/08/16

- Nil Issues noted during procedure
- 14 biopsies taken for histological analysis
- Prostate volume 25cc
- Discharged shortly after

# 10/8/16 Day 3 post biopsy

Presented to A&E Department

- Unwell
- Febrile = 38.5
- Rigors and chills
- Haematuria
- Frequency
- Dysuria
- Vital signs= **BP** 100/62 **HR** 110bpm **RR** 22 **O2 Sats** 99% RA

# A&E assessment day 3 post biopsy

## Clinical History and septic screen

### Bloods

- FBC- WCC 15.6 and Neut 9.2 ↑
- U&E –Creatinine 171↑
- C Reactive Protein 320 ↑
- Lactate 2.33↑
- eGFR 36
- Blood cultures

# A&E Assessment day 3 post biopsy

## Chest X-ray

- Normal

## Urinalysis

- Blood +3
- Protein +2
- Leukocytes +1

IV Gentamicin 5mg/kg given (95kg →475mg)



# Plan post discussion with urology

- Admit
- IVF over 6 Hours
- Discontinue IV Gentamycin
- Add IV Meropenem
- Urinary Catheter inserted = 900 ml residual
- Repeat bloods
- Regular paracetamol

# Management day 4 post biopsy

## Morning shift

- EWS 4, **Temp** 38.2, **BP** 95/60, **Pulse** 95bpm, **RR** 20
- IV Meropenem TDS continued
- IVF continued over 6 hours
- Urinary catheter draining above 50ml/hr
- Paracetamol given PRN

# Management day 4 post biopsy

## Evening shift

➤ EWS 4 = Temp 39.4, BP 136/71, HR 91bpm,

RR 18

➤ IVF over 6hours continue

➤ Commenced on IV ciprofloxacin 400mg BD and IV Vancomycin 750mg BD

➤ Second PVC inserted

➤ Positive fluid balance 1500mls

# Management day 5 post biopsy

Discussed with Microbiology

- Ciprofloxacin discontinued
- Continue on Meropenem and Vancomycin
- EWS= 0
- Apyrexial
- Urine for C&S showed no growth
- Repeat CSU sent for C&S

# Management day 5 post biopsy

## Bloods

- Creatinine 109
- C Reactive Protein 160
- WCC 4.0
- Neut 3.0
- eGFR 62

# Management day 6 post biopsy

- EWS=0
- Apyrexial
- Urinary catheter removed and passed trial without catheter
- Clinically well
- C Reactive Protein 74
- Continue on IV Meropenem and Vancomycin

# Management day 7 post biopsy

- EWS= 0
- Apyrexial
- IV antibiotics stopped and not for further oral antibiotics as per Microbiology
- Blood cultures showed no growth
- CSU showed no growth
- Inflammatory markers resolved
- For discharge home
- Clinic in 2 weeks

# TRUS biopsy results

- Left

Benign

Benign

Benign

- Right

4+3=7 (2/2)

3+4=7 (2/3)

4+3=7 (1/2)





Thank You