



After Your Prostate Biopsy

- Take all of the antibiotic pills that were prescribed for you by your surgeon.
- You may take plain Tylenol (acetaminophen) if you have pain. Take it as directed on the bottle. Do not take any medications that have aspirin in them as they may cause you to have more bleeding.
- Drink 6 to 8 glasses (1 glass = 1 cup or 250 ml) of fluid for 1 to 2 days after your biopsy.
- You may have blood in your urine and stool for up to 2 weeks. This is normal.
- Do not start heavy activity/exercise until you have no blood in your urine or stool for 24 hours.
- Do not have any sexual activity until 3 to 5 days after your biopsy.
- You will see blood in your ejaculate/semen. The blood you see may be red or brown in color. This may last for up to 6 weeks. It is different for each person. It could be a little longer for you.
- If you stopped taking blood thinners before your biopsy, you may start taking them again 24 hours after you have no more blood in your urine or stool. Call your family doctor if you have any questions or concerns about restarting these medications.

Go to the Emergency Department at the hospital closest to you if you have any of the following:

- A fever above 38.3° C/100.9°F at any time or above 38.0° C/100.4°F for more than an hour
- Chills or you feel like you have the flu.
- Burning or pain when you pass your urine.
- A problem or difficulty passing your urine.
- Bleeding from your penis or rectum that does not stop.

Take this sheet and your bottle of antibiotics with you to show it to the doctor and nurse in the emergency department. Tell them you had a prostate biopsy.

Recommendations for the Emergency Department Physician:

This patient has had a TRUS biopsy of the prostate and is on ciprofloxacin prophylaxis. Fever in this context is usually secondary to ciprofloxacin resistant E. coli bacteremia and can lead to sepsis if not treated. Treatment with intravenous aminoglycoside (for example: Tobramycin or Gentamicin) or Intravenous carbapenem (for example: Ertapenem) is recommended. Blood and urine cultures are recommended prior to initiating antibiotics. Final decision on the most appropriate treatment will depend on the evaluation of the patient by the emergency department physician. An infectious diseases consultation should be considered.

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