BON SECOURS HOSPITAL CORK

Rapid Access Prostate Clinic (RAPC)

Patient Information Leaflet

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Why are you attending this clinic?

You have been referred to this clinic as you have been identified as being at risk of prostate cancer. Prostate cancer is the second most common cancer in men after skin cancer.

The Rapid Access Prostate Clinic (RAPC), delivered by the urology team at The Bon Secours Hospital Cork, provides review and access to diagnostic tests as required for patients. Once you are referred to the service, you will be appointed to a Consultant Urologist who will review your condition.

Patients, who are suitable for this service, include those with elevated PSA (protein specific antigen) and/or abnormal digital rectal examination (DRE).

What happens when we receive your referral?

When your referral is received from your GP it will be reviewed by a Consultant Urologist. Your consultant may refer you for an MRI (magnetic resonance imaging) scan prior to your attendance at the RAPC (See page: 11 for information on MRI scanning.) The result of this MRI will be available on your visit to the RAPC. MRI scan appointments are handled by the radiology department. If you are referred for an MRI scan it will take place a few days before your attendance at the clinic, this ensures the MRI reports are available for your consultation at the RAPC. You can check with your own health insurance company regarding cover for your MRI scan.

Before your visit to RAPC you will receive a letter with your appointment time and date as well as an information pack. The pack includes: this booklet, a medication history, the international prostate symptom score as well as the sexual health inventory for men. It is important that you fill these questionnaires out and bring them with you to your appointment. They are all part of our assessment of you.

What happens at RAPC?

On arrival to the RAPC you will be reviewed by the Urology team. This review will include the patient questionnaires that you will fill out before your arrival to the clinic.

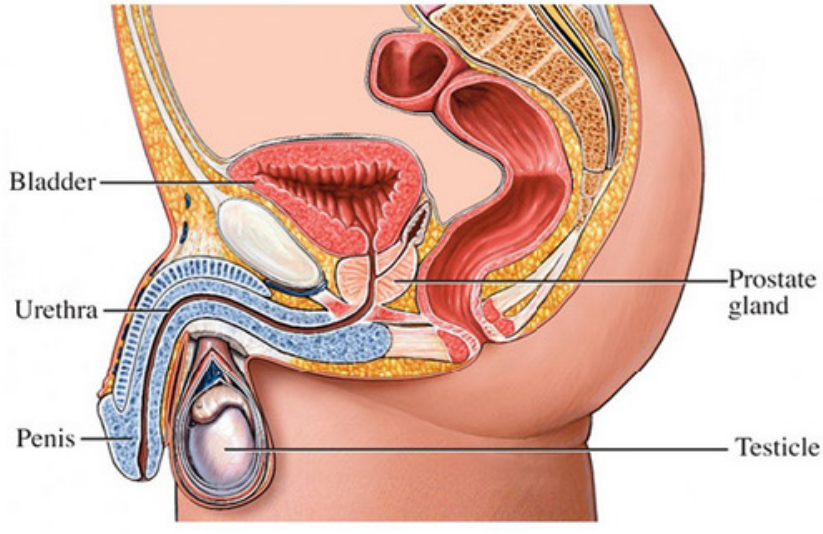
The urology intern and nurse will then take a more in-depth medical history. The Consultant Urologist will then review your history and MRI report (if applicable), as well as carrying out a physical examination and DRE (See page 10 for information on DRE).

After the RAPC you may be advised:

1. Your risk of prostate cancer is low and you need no furthertest, rather you should have follow-up with your GP.
2. You need further investigations and will be reviewed in theconsultant rooms.
3. You need a biopsy.

Note 2) and 3) are beyond the scope of the RAPC and will attract an additional charge. The majority of health insurance plans will cover additional testing and biopsy. Please check with your health insurance provider regarding your cover.

What is the prostate gland?

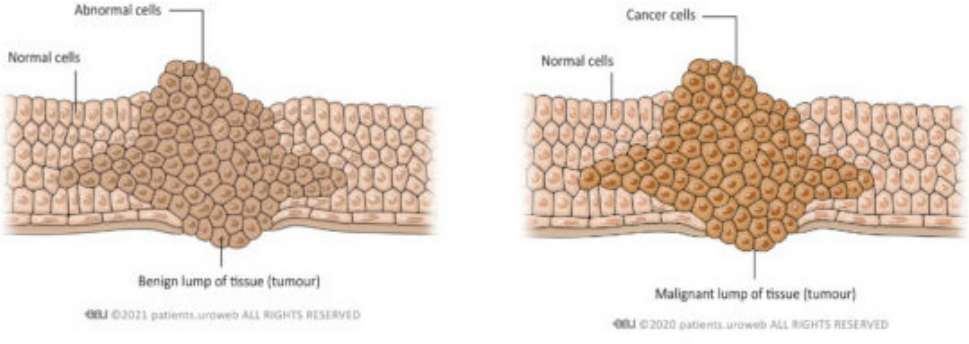


- The prostate gland is found only in men, it is part of the male reproductive system.
- It lies just below the bladder and above the muscles of the pelvic floor.
- It is normally about the size of a chestnut.
- The urethra, which is the tube through which urine passes from the bladder, runs through the middle of the prostate. The rectum is behind the prostate, making it possible to feel the gland from the rectum using the finger (DRE).
- The prostate's most important function is the production of a fluid that, together with sperm cells from the testicles and fluids from other glands, makes up semen. The muscles of the prostate also ensure that the semen is forcefully pressed into the urethra and then expelled outwards during ejaculation.
- It also produces a protein called prostate-specific antigen or PSA. PSA helps reduce the thickness of semen, so it is thinner and more fluid.

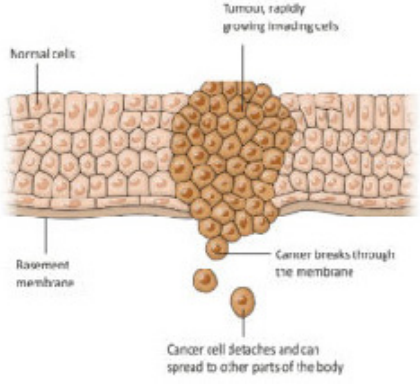
What is prostate cancer?

Our bodies are made up of trillions of tiny cells, which are the basic building blocks of all living things. Cells continuous lydivide to make new cells. It is how we grow and how the body heals itself.

Sometimes a cell becomes abnormal. It is not fully understood why this happens, but when abnormal cells keep dividing and make more and more abnormal cells, eventually a lump of tissue forms, called a tumour.



Not all tumours are cancerous. Benign means the tumour is not cancer, but it might still grow in size. Malignant means the tumour is cancer. Some malignant tumours grow very fast, while others grow much more slowly. If a malignant tumour is left untreated, it may spread to other parts of the body. This spreading of cancer cells is called metastasis.



What is prostate cancer? Continued

Prostate cancer means there are cancer cells inside the prostate that have formed a malignant tumour.

The exact cause of prostate cancer is unknown. But certain things increase a man's chance of developing it. These are called risk factors. Having a risk factor for cancer does not mean a man will get prostate cancer; it just means he has an increased risk.

More information can be found online at:
https://patients.uroweb.org/about-prostate-cancer/

Testing Explained:
What does the PSA test involve?

This will have been done by your GP before you are referred to the RAPC. You may need to have this repeated but you will be informed if you do prior to attending the clinic.

A sample of your blood is taken and sent to a laboratory to be tested. The amount of PSA in your blood is measured in nanograms (a billionth of a gram) per millilitre of blood (ng/ml). You can eat and drink as normal before having a PSA test.

Prostate specific antigen (PSA) is produced by healthy cells in the prostate, so it's normal to have a small amount of PSA in your blood. The amount rises as you get older because your prostate gets bigger.

Prostate problems, such as an enlarged prostate, prostatitis or prostate cancer, can cause your PSA level to rise – but lots of other things can affect your PSA level too, including the following:

- A urine infection – You may have a test for a urine infection as this can raise your PSA level. If you have an infection, you'll be given treatment for this. You'll need to wait until the infection has gone – around six weeks – before you have a PSA test.
- Vigorous exercise – You might be asked not to do any vigorous exercise in the 48 hours before a PSA test.
- Ejaculation – men should not have ejaculated during the previous 48 hours. Semen released during sexual activity can cause PSA levels to rise temporarily, which may affect the test results.
- Prostate biopsy – If you've had a biopsy in the six weeks before a PSA test, this could raise your PSA level.
- Medicines – Let your GP or practice nurse know if you're taking any prescription or over-the-counter medicines, as some might affect your PSA level. For example, some medicines used to treat an enlarged prostate, known as 5-alpha-reductase inhibitors such as finasteride or dutaster-ide can reduce your PSA level and give a false test result.
- Other tests or surgery – If you've had any tests or surgery on your bladder or prostate, you may need to wait up to six weeks before having a PSA test.
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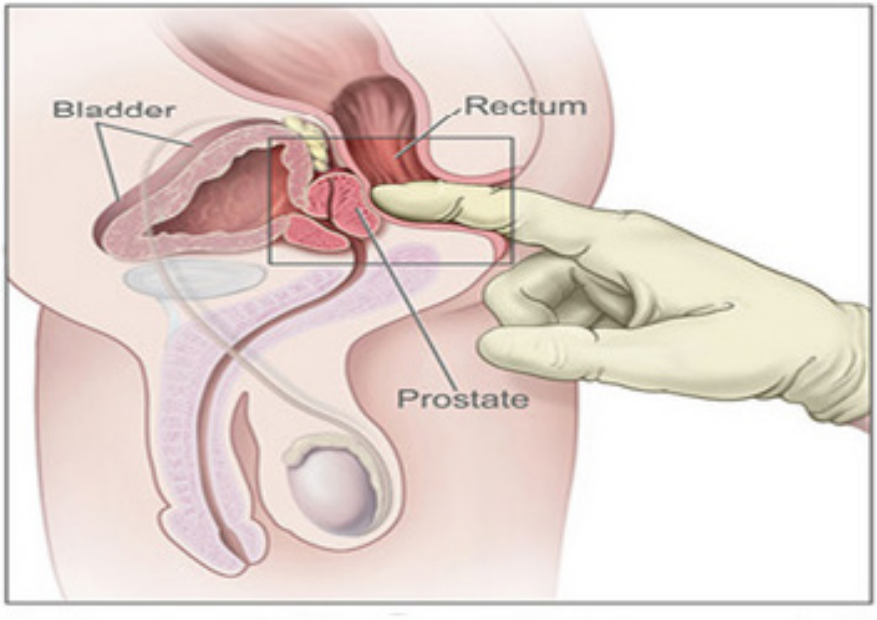
- Urinary catheters – If you have a catheter to drain urine from your bladder, you may need to wait up to six weeks after it has been put in before having a PSA test.

What does a digital rectal examination (D.R.E.) involve?



With your consent, you will have a DRE at your visit to the RAPC. The consultant may ask you to lie on your side on an examination table, with your knees brought up towards your chest or alternatively it may be performed in the standing position. The consultant will slide a finger gently into your back passage. They will wear gloves and put some gel on their finger to make it more comfortable.
You may find the DRE uncomfortable or embarrassing, but the test isn't usually painful and does not take long.

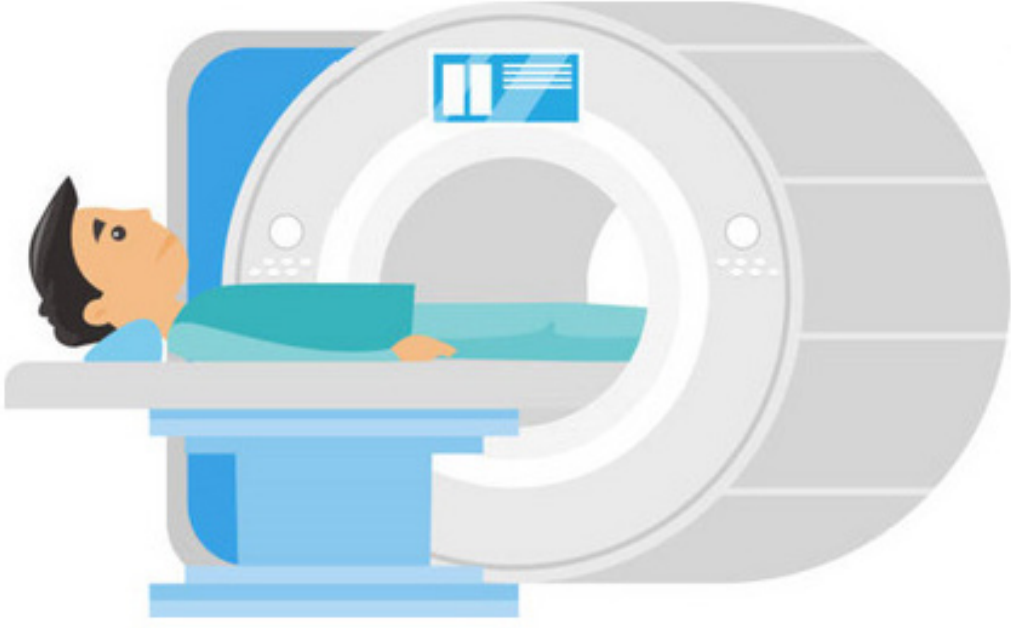
What do the DRE results mean?

A digital rectal examination (DRE) is a test used to see if you might have a prostate problem or prostate cancer.
Your prostate may feel:

- normal – a normal size for your age with a smooth surface
- larger than expected for your age – this could be a sign of an enlarged prostate
- hard or lumpy – this could be a sign of prostate cancer.

The DRE is not a completely accurate test. Your doctor may not feel the whole prostate. And a man with prostate cancer might have a prostate that feels normal.

What is an MRI scan?



An MRI (magnetic resonance imaging) scan uses magnets to create a detailed picture of your prostate and the surrounding tissues. If appropriate for you, you will have a special type of MRI scan, called a multi-parametric MRI (mpMRI) scan, before having a biopsy. This can help your doctor see if there is any cancer inside your prostate, and how quickly any cancer is likely to grow.

Advantages

- It can give your doctor information about whether there is cancer inside your prostate, and how quickly any cancer is likely to grow.
- It is less likely than a biopsy to pick up a slow-growing cancer that probably wouldn't cause any problems in your lifetime.
- It can help your doctor decide if you need a biopsy – if there's nothing unusual on the scans, this means you're unlikely to have prostate cancer that needs to be treated. You may be able to avoid having a biopsy.
- If you do need a biopsy, your doctor can use the scan images to decide which parts of the prostate to take samples from.
- If your biopsy finds cancer, you probably will not need another scan to check if it has spread, as the doctor can get this information from your first MRI scan. This means you can start talking about suitable treatments as soon as you get your biopsy results.

Disadvantages

- Being in the MRI machine can be unpleasant if you do not like closed or small spaces.
- Some men are given an injection of dye during the scan – this can sometimes cause mild side effects.

Before the scan the radiographer will ask questions about your health. As the scan uses magnets, they will ask whether you have any implants that could be attracted to the magnet. For example, if you have a pacemaker for your heart you may not be able to have an MRI scan. You will also need to take off any jewellery or metal items.

You will lie very still on a table, which will move slowly into the scanner. MRI scanners are shaped like a doughnut or a long tunnel. If you don't like closed or small spaces (claustrophobia), tell your radiographer (the person who takes the images).

The radiographer might give you an injection of a dye during the scan. The dye helps them see the prostate and other organs more clearly on the scan. It is usually safe, but can sometimes cause problems if you have kidney problems or asthma. So let the radiographer know if you have either of these or if you know if you are allergic to the dye or have any other allergies.

The scan takes 30 to 40 minutes. The machine won't touch you but it is very noisy and you might feel warm. The radiographer will leave the room but you'll be able to speak to them through an intercom, and you might be able to listen to music through headphones.

Your MRI scan images will be reviewed by a specialist called a radiologist, who specialises in diagnosing health problems using X-rays and scans. The report of this scan will be available at your RAPC appointment.

Clinic Fee: €450 inclusive of:

- Initial assessment by consultant Urologist & Urology CNS
- Pre-clinic bloods (if required)
- 1 follow-up consultation with Consultant Urologist if required.

Contact Details

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