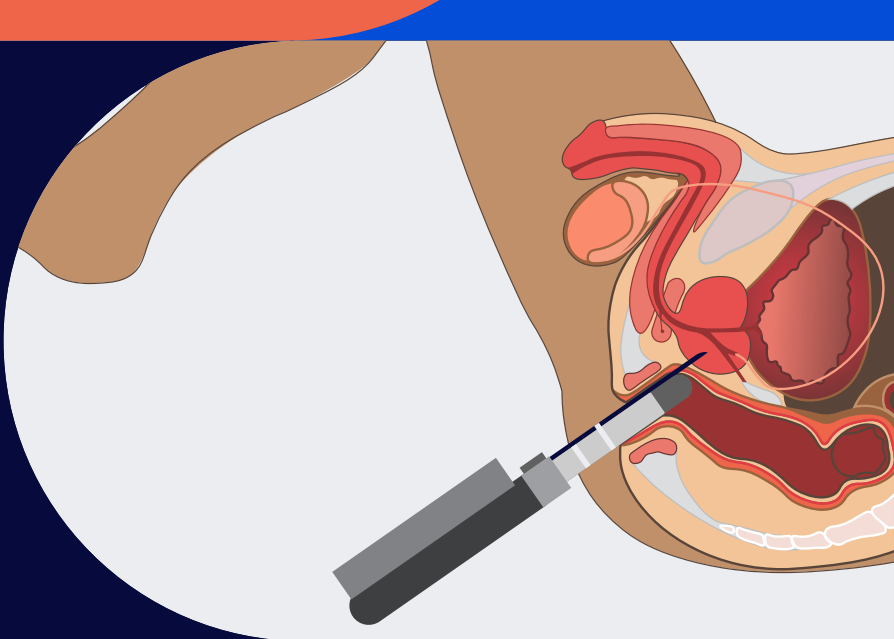


Transperineal Prostate Biopsy

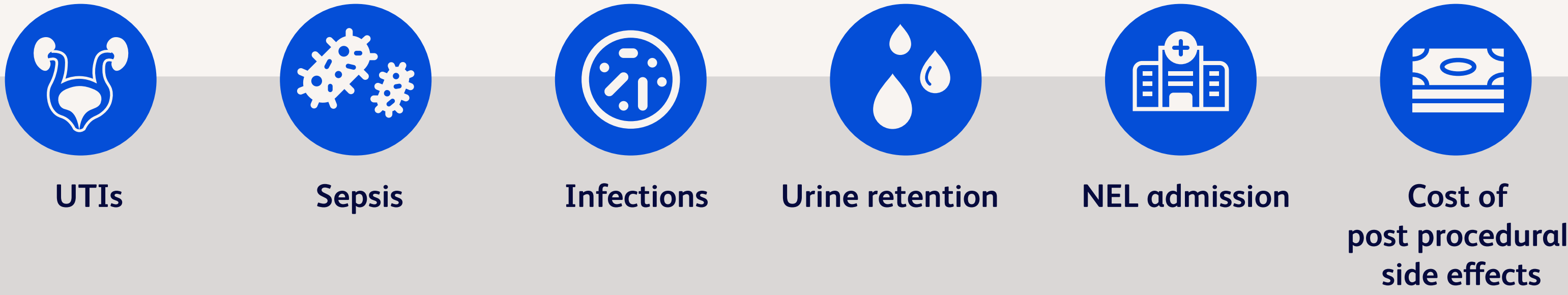
VS

Transrectal Prostate Biopsy

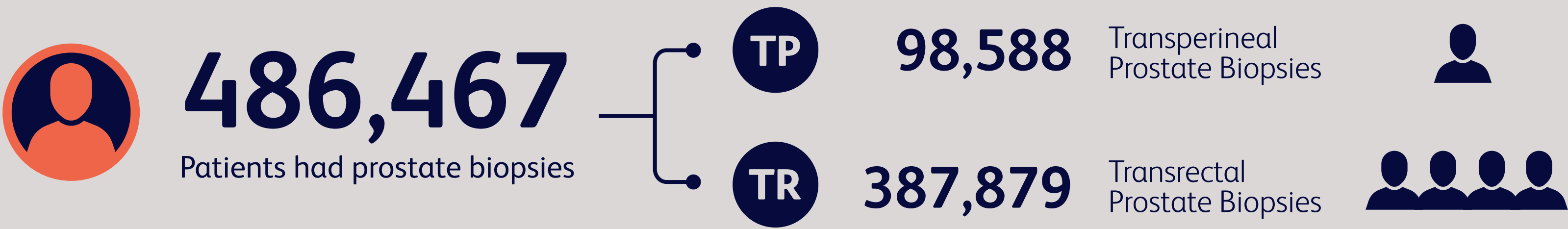



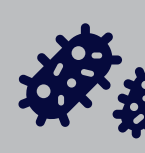


Post-procedure complications and readmissions

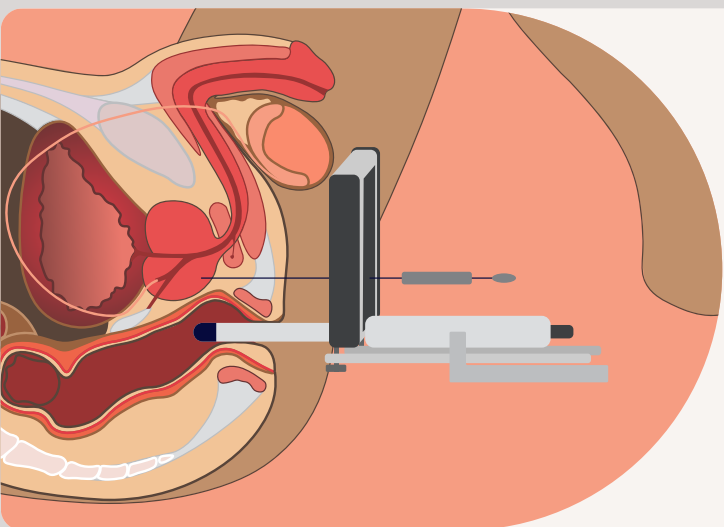
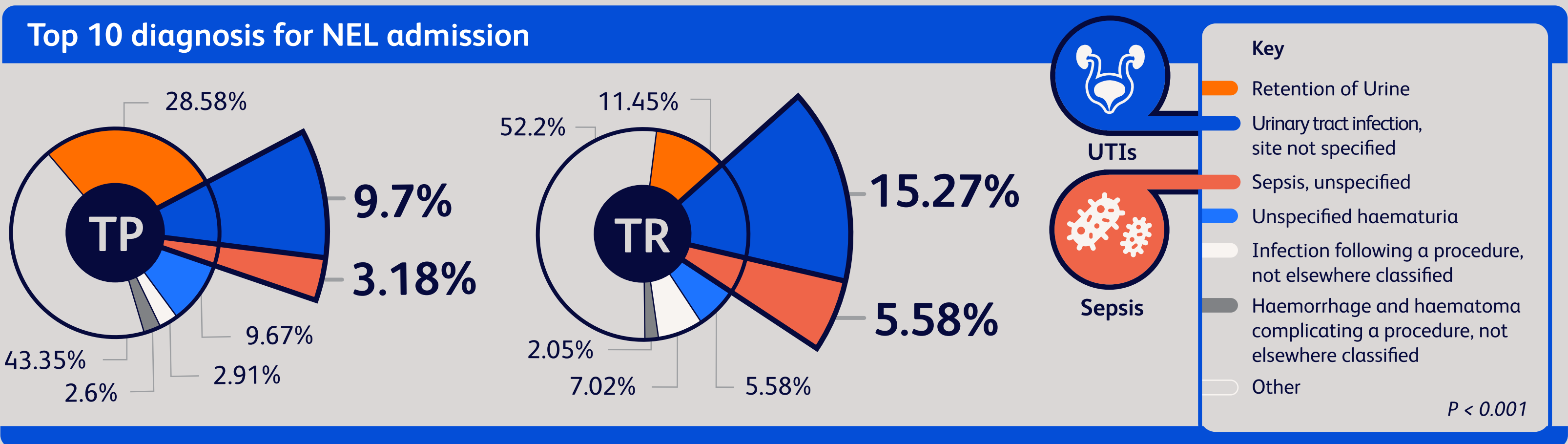
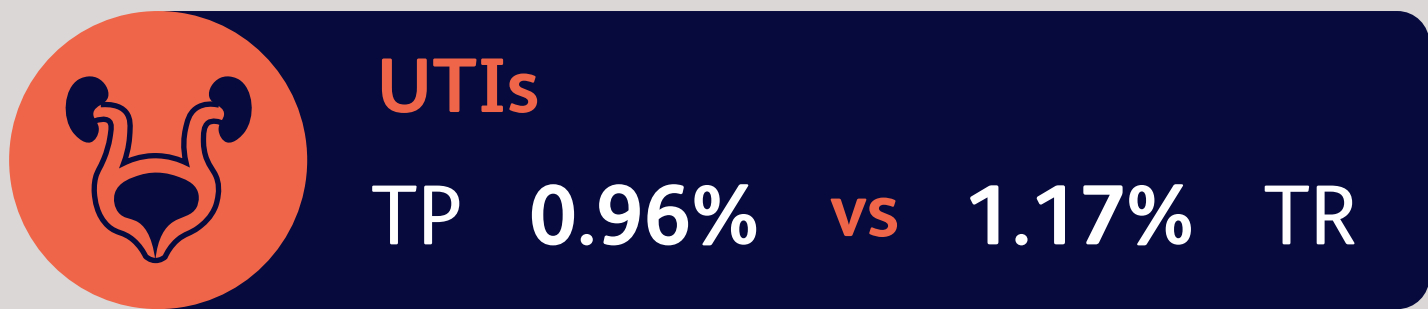
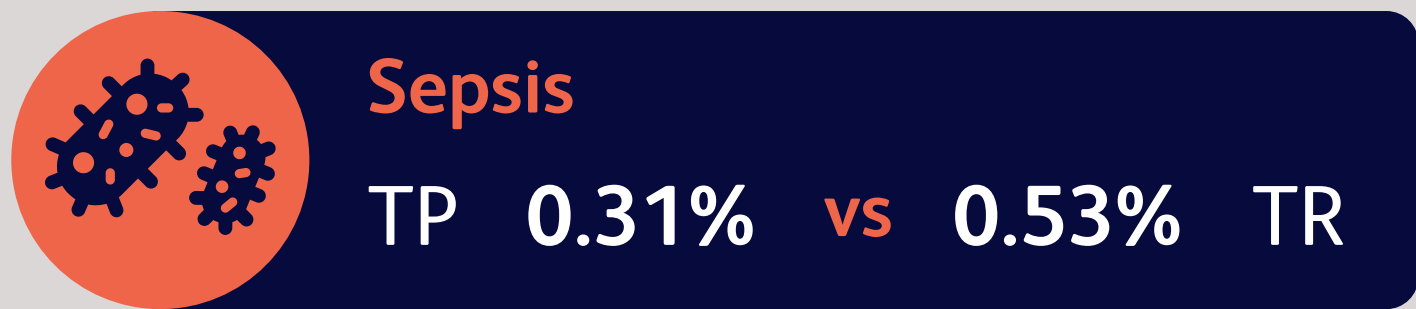
Over a ten-year period, data from the UK National Health Service (NHS) was collected to evaluate the clinical and financial implications of performing prostate biopsies via a transrectal versus transperineal approach. The primary evaluation focused on 28-day post-procedure complications and readmissions, with a secondary focus on burden of expenditure in NHS hospitals over the entire decade.



Over 10 years (2008 to 2019)



| 28 days after the recorded biopsies | | | | | |
|-------------------------------------|---|--|--|--|----------------|
| Method | Patients with | | | | |
| |  NEL admission |  Sepsis |  Infections |  UTIs | Total biopsies |
| TP | 4,083 | 310 | 757 | 950 | 98,588 |
| TR | 15,092 | 2,040 | 4,487 | 4,520 | 387,879 |
| P value | 0.00032 | <0.001 | <0.001 | <0.001 | |



Assuming that all TR biopsies within the decade were performed using a TP approach the downstream savings for managing NEL admissions would have been £7,501,655.28 considering a 4.14% admission rate. However, these TP procedures would need to be performed in outpatients under local anaesthetic to reduce the cost and resource of a general anaesthetic.

