

CONTINUING OR DISCONTINUING LOW DOSE ASPIRIN PRIOR TO PROSTATE BIOPSY?

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Introduction and objectives: Patients requiring transrectal ultrasound (TRUS) guided prostate biopsy is frequently on chronic treatment with low dose aspirin. There is no consensus about switch of aspirin perioperatively. The aim of our study is to assess whether the incidence, severity and duration of bleeding complication following TRUS guided prostate biopsy is higher in patients continuing or interrupted low dose aspirin.

Material and method: We analyzed data for 327 patients who underwent TRUS guided prostate biopsy and had chronic treatment with aspirin. 259 patients interrupted aspirin at least 5 days before until 5th day after biopsy. We made biopsy without interruption of aspirin in 68 patients.

Results: The overall bleeding complication rate are 207/259(79.92%) and 56/68(82.35%) in discontinuing and continuing group of patients respectively. There are no statistically significant differences in frequency of bleeding in observed groups of patients (chi square). In view of severity we have different conclusion. All bleeding complications in group of discontinuing aspirin group were self limited. In group of continuing aspirin we had 3 patients requiring surgical intervention. One patient had surgical intervention for rectal bleeding; two patients had urinary retention caused by blood clots. There is no acute thromboembolic events occurred in patients discontinuing aspirin.

Conclusion: Interruption of aspirin 5 days before and after TRUS biopsy is safe and useful procedure.