

# Transforming Local Anaesthetic Prostate Biopsies with PrecisionPoint Transperineal Access System™

Recognising growing concerns about the rising rate of transrectal ultrasound-guided biopsy (TRUSB)-related sepsis,<sup>1,2</sup> escalating antibiotic resistance,<sup>3</sup> and potential under diagnosis,<sup>4</sup> the PrecisionPoint™ device provides an alternative approach.

Although transperineal biopsy has traditionally required general anaesthetic, free-hand prostate biopsies can now be performed under local anaesthetic in an outpatient clinical setting<sup>4</sup> with the PrecisionPoint™ device, therefore removing many of the barriers associated with the transperineal technique.



## Key steps for a successful TP LA PrecisionPoint biopsy procedure



1\* A probe cover is filled with transducer jelly and is then rolled over the probe.

\*Please see overleaf for trolley set up.



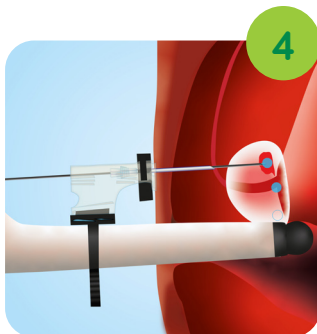
2 The PrecisionPoint carriage is clamped to the probe and the access needle is inserted.



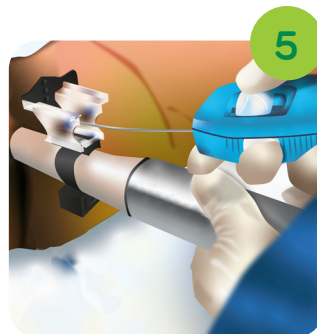
3a Up to 10ml of 1% lignocaine with 1:200,000. Adrenaline is infiltrated into perineal skin for the skin preparation.



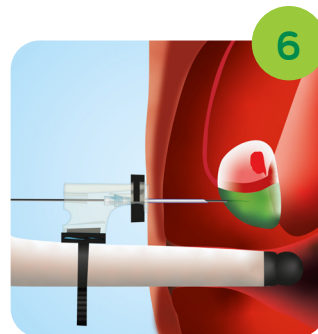
3b Up to 15ml of 1% lignocaine is infiltrated under direct ultrasound vision into left and right lateral sides of prostate for the deeper anesthetic block.



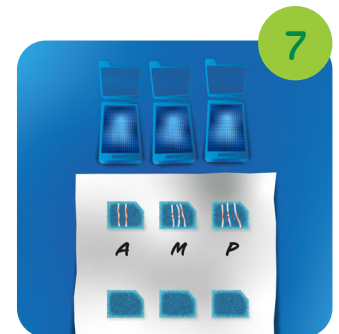
4 The PrecisionPoint access needle is inserted into the perineum to access right and left prostate tissue.



5 The biopsy gun needle is inserted through the access needle and biopsy samples are obtained.



6 Targeted and systematic biopsy samples are taken through safe stable atraumatic manipulation of the access needle.



7 Biopsy samples are placed on a saline moistened pathology sponge or pot and labeled accordingly.

## Why use PrecisionPoint?

- A systematic and targeted prostate sampling, without the need for a template or stepper
- A single access needle creates just 2 punctures to the perineal skin (unlike the Grid system that creates numerous access holes), allowing multiple cores to be collected with minimal increase in morbidity or pain<sup>4</sup>
- BXTA offer a comprehensive training program and complete clinical support for you and for all of your team irrespective of prior experience with prostate biopsies
- A multi-locking clamp position allows it to be used with a wide range of ultrasound probes, reducing the need to purchase additional equipment<sup>5</sup>
- The PrecisionPoint device configuration enables full access to the prostate to precisely target tissue sampling. This ensures pubic arch interference is no longer an issue for transperineal biopsies
- Unlike most coaxial cutting needles, the needle used with PrecisionPoint is non-coring, so does not traumatise perineal tissues

## BXTA is committed to beating cancer

Founded in 2012 as a specialist provider of low-dose rate brachytherapy seeds for prostate cancer treatment, today BXTA is committed to providing the most advanced solutions in cancer diagnosis and treatment.

Our innovative technology, combined with an unrelenting commitment to service excellence, supports healthcare professionals worldwide to eradicate cancer, extend life and create better quality outcomes for patients.

Product Ordering Code	Description
ACY AS 1031	PrecisionPoint™ Transperineal Access System - freehand biopsy device. 5 devices in a box.
ACY AS 1033	Neoguard Transducer Cover Kit - Pack of 24 covers.
ACY AS 1034	Spinal Needles 20 Gauge x 150mm, yellow hub, 10 needles per box.

## Order information

### Contact

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## \*Trolley Set Up

1. PrecisionPoint, 2. Probe Cover, 3. Ultrasound Probe, 4. Skin prep, 5. 10ml Syringe (Blue needle), 6. 20ml Syringe (spinal needle), 7. Biopsy Gun, 8. Gallipot, 9. Kidney tray, 10. and 11. Gauze Swabs, 12. Blue biopsy sponges, 13. Cotton wool ball.

#### References

1. Borghesi, M., et al., Complications after systematic, random, and image-guided prostate biopsy. *European urology*, 2017. 71(3): p. 353-365.
2. Tamhankar, A.S., et al., The clinical and financial implications of a decade of prostate biopsies in the NHS: analysis of Hospital Episode Statistics data 2008-2019. *BJU Int*, 2020. 126(1): p. 133-141.
3. Grummet, J.P., et al., Sepsis and 'superbugs': should we favour the transperineal over the transrectal approach for prostate biopsy? *BJU international*, 2014. 114(3): p. 384-388.
4. Kum, F., et al., Initial outcomes of local anaesthetic freehand transperineal prostate biopsies in the outpatient setting. *BJU Int*, 2020. 125(2): p. 244-252.
5. Grummet, J., Gorin, M.A., Popert, R. et al. "TREXIT 2020": why the time to abandon transrectal prostate biopsy starts now. *Prostate Cancer Prostatic Dis* 23, 62–65 (2020). <https://doi.org/10.1038/s41391-020-0204-8>