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MP66-11

Preventing Prostate Biopsy Complications: to Augment or to Swab?



Jefferson

Philadelphia University +
Thomas Jefferson University

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

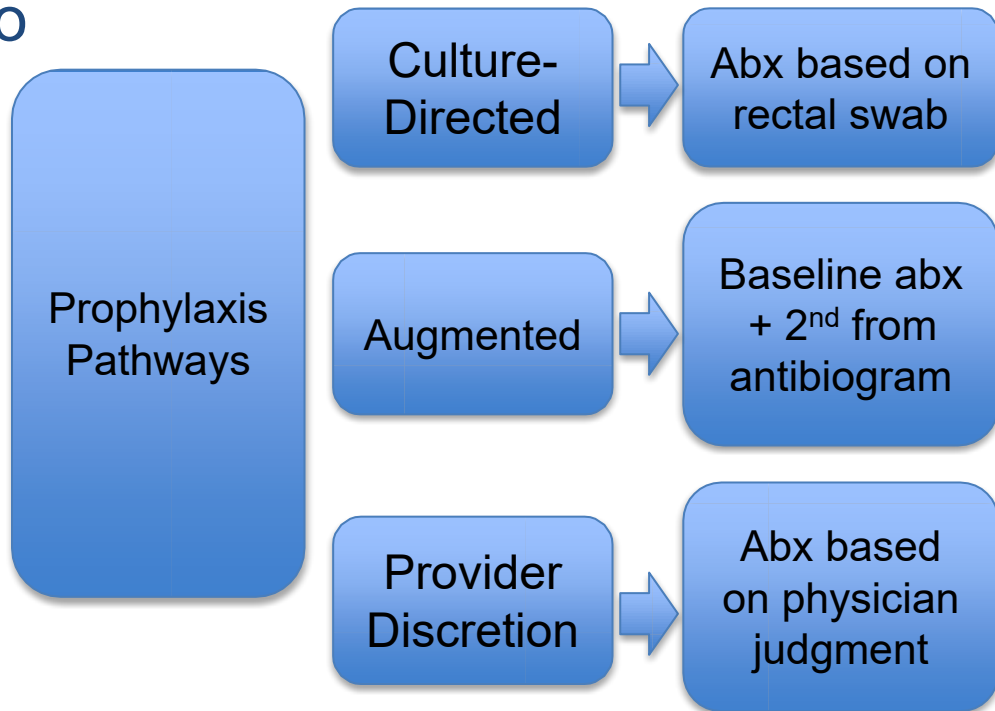
PURC

L Glick, TM Han, C Caputo, D Squadrito, JY Leong, C Fonshell, K Syed, JF Danella, S Ginzburg,
TJ Guzzo, M Hagg,
JD Raman, M Smaldone, RG Uzzo, JJ Tomaszewski, AC Reese, EJ Trabulsi, LG Gomella, & MJ
Mann



The Problem of Infection Following Prostate Biopsy

- TRUS are commonly used to diagnose prostate cancer
 - AUA guidelines recommend particular “pathways” for antibiotic prophylaxis
- Using data from PURC, we assessed the risk of infectious outcomes, based on the prophylaxis pathway





Characteristics that Reduce Infection

Variables	OR [95% CI]	P-value
Antibiotic Prophylaxis Pathway		
Culture-Directed vs. Provider Discretion	0.159 [0.074-0.344]	<0.001
Augmented vs. Provider Discretion	1.014 [0.630-1.633]	0.953
Biopsy Type		
TURP vs. TRUS	2.838 [1.536-5.242]	0.001
MRI/Fusion vs. TRUS	1.416 [0.874-2.294]	0.158

- On multivariate analysis, culture-directed prophylaxis was associated with a 84% reduction in infectious complications compared to the provider discretion pathway
 - Provider discretion and augmented pathways had equivocal risk
- Urologists should work to incorporate culture-based prophylaxis into their practice to improve patient outcomes