ABSTRACT MP83-07: AFFECT ON EXPECTED AND PERCEIVED PAIN OF TRANSRECTAL ULTRASOUND GUIDED PROSTATE BIOPSY IN ARABIC MEN GIVEN MEDICAL INFORMATION IN ARABIC

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Prospective study of 60 Arabic-only speaking males with elevated PSA who underwent ambulatory transrectal-ultrasound (TRUS) prostate biopsy January 2015 - December 2018

- Pain was scored before AWMI, after AWMI, after TRUS biopsy (Fig 1)
- Pain was graded on an Arabic written Likert visual analog scale (Fig 2)
  - Arabic-written medical information =AWMI
  - Visual analog scale =VAS

*Figure 1: Flowchart of study methods*

Arabic Male Scheduled for Ambulatory TRUS prostate biopsy

“Before AWMI” VAS Score Recorded

AWMI Provided

“After AWMI” VAS Score Recorded

TRUS Prostate Biopsy Performed and “After TRUS Prostate Biopsy” VAS Score Recorded

*Figure 2: Arabic-written pain scale*

0 = no pain, 10 = excruciating pain
Table 1: VAS Scores Before and After AWMI, After TRUS prostate biopsy

<table>
<thead>
<tr>
<th>Pain Assessment</th>
<th>Mean Pain Score</th>
<th>Pain Score Range</th>
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<tbody>
<tr>
<td>Before AWMI</td>
<td>4.74 ± 1.51</td>
<td>2-9</td>
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<tr>
<td>After AWMI</td>
<td>3.24 ± 1.57</td>
<td>2-8</td>
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<tr>
<td>After TRUS Biopsy</td>
<td>2.18 ± 1.53 (p &lt; .05)</td>
<td>1-7</td>
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- VAS scores after AWMI were lower than before AWMI
- VAS scores for TRUS prostate biopsy were even lower
- AWMI may lower expected and actual pain of an ambulatory TRUS prostate biopsy
- Limitations: Small sample size, no control
- Further research aims: barriers to care, patient satisfaction scores