The Procedure

Step one in this process is the MRI, which requires little prep work; the MRI itself is safe, non-invasive and painless. We do draw some blood to make sure that it’s safe to inject contrast media, a dye that allows us to see images of the prostate.

Step two is the placement of a light-weight antenna over the patient’s pelvis for the purpose of visualizing the prostate gland. This stays in place for the duration of the MRI.

Step three is the scan, itself, which lasts for about 45 minutes. It is not uncommon for patients to actually doze off during this phase. When it’s over, you’re ready to go home.

The MRI will yield pictures that can identify lesions in the prostate that might be cancerous. If the MRI doesn’t find suspicious lesions, the patient will simply return to regular care and will not have a biopsy.

If there is a lesion that’s of concern, the patient may be a candidate for a biopsy using UroNav. The UroNav procedure is performed while the patient is completely awake. There is usually no need for sedation, with the exception of a local anesthetic delivered directly to the prostate area.

Then, a 3D ultrasound is performed by inserting the ultrasound probe into the rectum. Again, most patients experience little or no discomfort at this point. GPS-type technology then guides the biopsy needle to the areas of the prostate that are suspicious. This increases accuracy, reduces the number of samples that are taken, shortens the procedure and yields more information and fewer false negatives.

When the procedure is through, the patient will be able to return home immediately.

UroNav® At A Glance

- Provides a 3-D view of the prostate, clarity that is otherwise unavailable
- Incorporates a GPS-like system to guide the biopsy needle to suspicious areas
- Reduces the number of tissue samples taken from the prostate
- Reduces discomfort for the patient
- Improves accuracy
- Reduces the risk of overlooking a tumor
- Improves diagnosis, which leads to better treatment options and outcomes
- Gives peace of mind

Get the full picture for yourself.

For information, or to make a referral or appointment contact

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Welcome to bellinhealth
Doing the right things at the right times.

Want to stay on top of your prostate health? Then here is what you should do. Follow the American Cancer Society’s guidelines for screenings and checkups, because when you do, you give yourself the best chance of catching problems early. And that gives you the best chance of a good outcome. Here they are:

Discuss prostate cancer screening with your physician.

The discussion about screening should take place with your primary care physician at age 50 for men who are at average risk of prostate cancer. This discussion should take place starting at age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have had a father, brother, or son who was diagnosed with prostate cancer at 65 or younger.

This discussion should take place at age 40 for men at even higher risk. This includes men with more than one first-degree relative who had prostate cancer at an early age.

In addition, men who are experiencing symptoms of urgency, retention, or blood in the urine should see a urologist for a diagnostic screening.

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of the screening by your primary care physician.

If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the physician and patient, together.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test. Men who choose to be tested who have a PSA of less than 2.5 ng/ml, may only need to be retested every 2 years. Screening should be done yearly for men whose PSA level is 2.5 ng/ml or higher.

A better view. A better way.

Once again, Bellin Health has taken the lead in bringing innovation and breakthrough care to Northeast Wisconsin, this time with technology, called UroNav®, that combines the benefits of a MRI with ultrasound to create a detailed, 3-D view of the prostate. By allowing physicians to see the prostate in this way, they can identify suspicious areas, and then target them for biopsy. This increases the likelihood of finding cancer if it’s present, and lowers the number of samples that have to be taken.

Fortunately, there is now evidence that demonstrates prostate cancer can be more accurately diagnosed using a MRI along with real-time ultrasound to first identify areas of the prostate that look suspicious, and then target that area, specifically. This decreases the chance of missing a tumor and reduces the need to sample healthy tissue.

For the patient who has symptoms.

If the results of your PSA and digital exam cause your physician to be suspicious, he or she might recommend a biopsy to determine whether cancer is present, and refer you to a urologist. Here are some things for you to consider.

The challenge of prostate biopsy.

Historically, a biopsy has meant sticking a needle into 12 different areas of the prostate and taking tissue samples, or cores, which are then sent to a lab where a pathologist determines the presence of cancer. However, this random approach to sampling different parts of the prostate doesn’t always find the tumor, especially when the tumor is small. False negatives are a problem because they either conclude, incorrectly, that there is no cancer, or they cause the patient to have to endure additional procedures, which can be costly and uncomfortable.