About Your Prostate Fiducial Marker Placement

This information will help you get ready for your procedure to place fiducial (fih-DOO-shul) markers in your prostate at Memorial Sloan Kettering (MSK). It also explains what to expect after your procedure.

Your prostate is a walnut-shaped gland that adds liquid to your semen. It’s located below your bladder in front of your rectum (see Figure 1). It surrounds your urethra (the tube that drains urine from your bladder).
About Fiducial Markers

You will have a procedure to place fiducial markers in your prostate before you start your radiation therapy. Fiducial markers are tiny metal objects (about the size of a grain of rice). They help your doctor line up the beams of radiation to make sure your radiation therapy is delivered exactly the same way each time. This helps them to target your tumor and avoid your healthy tissue. The fiducial markers will stay in your prostate after your treatment.

Your appointment to have fiducial markers placed in your prostate is scheduled for ____________________ (date) with ____________________ (healthcare)
Before Your Procedure

Tell your healthcare provider if you:

- Take medication to thin your blood (anticoagulants).
- Take steroids (such as prednisone).
- Take any other medications, including herbal or dietary supplements or natural or home remedies.
- Have taken any antibiotics in the past 3 months.

Buy your supplies

- 1 saline enema (such as a Fleet® saline enema). You can buy this at your local pharmacy without a prescription.
- Oral antibiotic (antibiotic that you swallow), if your healthcare provider tells you to. If you’re taking an oral antibiotic, your healthcare provider will give you a prescription. Read the “Antibiotics” section for more information.

Plan how you’re getting home

Some people feel lightheaded after their procedure. It’s best to have someone take you home after your procedure. They can help you if needed.

5 to 7 days before your procedure

You may need to stop taking some of your usual medications
before your surgery. Examples include anticoagulants, aspirin, medications that contain aspirin, and vitamin E. Follow your healthcare provider’s instructions.

You can read about medications that contain aspirin and vitamin E in the resource *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* ([www.mskcc.org/pe/common_meds](http://www.mskcc.org/pe/common_meds)).

**2 days before your procedure**
Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil® or Motrin®) and naproxen (Aleve®). You can read about NSAIDs in the resource *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* ([www.mskcc.org/pe/common_meds](http://www.mskcc.org/pe/common_meds)).

**The Day of Your Procedure**

- Do a saline enema the morning of your procedure. Follow the instructions on the box.
- Eat and drink like you usually do. If you don’t eat before your procedure, your procedure might be delayed.

**Antibiotics**
You will need to take an antibiotic to prevent infection from the procedure. *Your healthcare provider will tell you which antibiotic you will take and give you a prescription.* You
will take one of the antibiotics listed below.

**Oral antibiotics**

- Ciprofloxacin (Cipro®) 500 mg (2 tablets)
  - Take 1 tablet 2 hours before your procedure.
  - Take 1 tablet 12 hours later.

- Cefixime (Suprax®) 400 mg (1 tablet)
  - Take 1 tablet 2 hours before your procedure.

- Cefuroxime (Ceftin®) 500 mg (2 tablets)
  - Take 1 tablet 2 hours before your procedure.
  - Take 1 tablet 12 hours later.

- Sulfamethoxazole-trimethoprim (Bactrim®) 500mg (2 tablets)
  - Take 1 tablet 2 hours before your procedure.
  - Take 1 tablet 12 hours later.

**Intravenous (IV) antibiotics**

Your healthcare provider might decide you need IV antibiotics instead of oral antibiotics. If they do, you will get the IV medication through a vein in your arm 1 hour before your procedure.

**During Your Procedure**
First, your healthcare provider will gently insert a probe into your rectum. They will put an anesthetic (numbing) lubricant on it to help it slide in more easily. They may also give you an injection (shot) of a local anesthetic to numb the area around your prostate.

The probe uses ultrasound (sound waves) to make images of your prostate. It also has a thin needle. This will be used to put the 3 gold fiducial markers into 2 separate areas of your prostate. Your healthcare provider will use the ultrasound to help them guide the needle.

This procedure will take 15 minutes. Before you’re discharged from (leave) the clinic, your healthcare provider will tell you how to care for yourself at home.

**After Your Procedure**

It’s normal to have some soreness after your procedure, but most people don’t have pain. If you feel sore, you can take acetaminophen (Tylenol®). If the acetaminophen doesn’t help, call your doctor’s office.

**For 3 days after your procedure, try to drink double the amount of liquids that you usually drink.** This will help flush out your bladder, prevent infection, and minimize the amount of blood in your urine. It will also help soften your bowel movements (poop), which helps keep your rectum from getting
Irritated.

Temporary effects on your bowel movements, urine, and semen

- You might see blood in your bowel movements. You might also have a small amount of bleeding from your rectum. These can happen right after your procedure or for the next few days when you have a bowel movement.
- You might see blood in your urine for 7 to 14 days after your procedure. This bleeding might come and go.
- Your semen might look rust-colored for up to 12 weeks after your procedure. This is because small amounts of blood might be in it.

Activity

- Don’t engage in any sexual activity for 3 days after your procedure.
- For the next 5 days after your procedure, don’t do any sports, work out in a gym, ride a bicycle, or lift any objects heavier than 10 pounds (4.5 kilograms).

Call Your Healthcare Provider Right Away if You:

- Have heavy bleeding out of your rectum
- Have bleeding out of your rectum that won’t stop
• Can’t urinate
• See bright red blood or large clots in your urine
• Have a fever of 101 °F (38.3 °C) or higher
• Have shaking chills
• Feel dizzy
• Have any other problems, questions, or concerns

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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