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Patient Information

PSA Test

Department of Urology

You may have been given this leaflet because you have already had a prostate specific antigen (PSA) blood test or because you or your doctor has asked for it to be done. PSA testing is used to help detect prostate cancer or to monitor patients' progress after prostate cancer treatment.

What is PSA?

PSA is a natural protein which is only produced by the cells lining the glands of the prostate. Its action helps to liquefy your semen (make runny) after you ejaculate. PSA levels can be measured by taking a sample of blood from your arm. High levels of PSA can alert your doctor to the possibility of prostate cancer.

What do the results mean?

Although this is the best test we have at present for detecting prostate cancer, it can be higher than normal for reasons other than prostate cancer. A high PSA level therefore does not mean you definitely have prostate cancer. Other reasons which may cause your PSA level to be higher than normal are listed below.

- Enlarged prostate (Benign Prostatic Hyperplasia - BPH)
- Prostatitis - inflammation of the prostate gland
- Urinary tract infection

Should I have a PSA test?

There is no strong evidence yet to say that the PSA test should be offered to all men over the age of 45, the age when the risk of prostate cancer starts to increase. Certainly there is no official screening programme in the UK to look for prostate cancer. The blood test is currently offered to patients who present with symptoms which could be due to prostate cancer but also to men who request it after they have been appropriately counselled.

It is important that you understand PSA testing and what the results might mean.

Pros and Cons to PSA testing include:-

- PSA is not specific to prostate cancer. This means that a low PSA does not completely exclude prostate cancer and a raised PSA does not always mean prostate cancer is present.
- If the PSA result is high you may need to have further investigations usually a MRI scan and then possibly a prostate biopsy to see whether it is due to cancer or not.
- If the PSA result is low you may be advised to have your PSA checked yearly. You may need a biopsy in the future if your PSA starts to rise.
- Men with a strong family history of prostate cancer have a higher risk of developing prostate cancer than men without. PSA testing may be used to monitor these men.

Will the Doctor need to any other tests?

Digital rectal examination (DRE). The prostate gland sits just in front of the rectum (back passage) and can be felt by inserting a finger into the rectum to feel for any abnormalities. Many men find this embarrassing but it is quick to do and should not be painful.

What if my DRE is abnormal or my PSA is raised?

Your doctor will discuss the need for a Transrectal Ultra-Sound Scan (TRUS) and prostatic biopsy, as this is the only way of confirming whether you have prostate cancer or not. If a biopsy is necessary this will be discussed with you. You will also be given written information about this procedure.

If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-

Urology Wards:-

D 5 West on:- 01633 – 234040 / 234041 (24 hours)

Urology Outpatients Department on:-

Tel. No:- 01633 – 234979

Monday – Friday office hours

Janet Marty, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 656143

Monday – Friday office hours

Julie Simpson, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 238976

Monday – Friday office hours

Sian Lewis, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 238976

Monday – Friday office hours

Maureen Hunter/ Laura Reynolds Urology Nurse Practitioner on:-

Tel. No:- 01633 – 234758

Monday – Friday office hours

Reference:

Tanagho EA, McAninch JW (2003) Smiths General Urology

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Mae’r ddogfen hon ar gael yn Gymraeg”.**