

March More Voices: The Biopsy

Category: The Biopsy

written by Paul Gross | March 1, 2024

Dear Readers,

My dear, departed prostate was the cause—and the victim—of several biopsies.

Before the first one, I consulted with friends and family members. Turns out that a surprising number of men over fifty have had prostate biopsies—who knew? (Men don't talk about this much.)

From some men I heard that a prostate biopsy was a little uncomfortable, but not a huge deal. From others I heard that it was excruciating—and should only be permitted under one condition: general anesthesia.

All of which made me curious and, yes, a little apprehensive.

My own biopsy was painful, but bearable. On the other hand, the ultrasound that preceded it was just awful. I did not scream, but afterwards I did issue a complaint advocating for more or better lubricant.

I'm sure that my tactful protest had negligible impact.

As a physician, I most frequently dealt with biopsies when I was leading an inpatient team. Typically, someone would present to the emergency room with a serious symptom—an inability to swallow, trouble breathing or a palpable mass—and an imaging study would reveal something sinister in the esophagus, the lung or the liver.

What next? A biopsy.

Meanwhile, what to tell the patient? While some argued against mentioning cancer—the “C” word—until tissue had been examined under the microscope, I always felt that this was cowardly. I thought it best to warn the patient in advance that this *could* be cancer—in fact, we were 95 percent sure that it *was* cancer, although we kept that to ourselves—so that the patient had a chance to prepare themselves and to bargain with their chosen higher power while awaiting a report.

The waiting. That's where things got difficult.

It takes days for a pathology lab to complete its work. Patients get anxious. Patients get angry. And not all biopsies produce conclusive results. “Insufficient tissue.” Or “indeterminate.” Or sometimes the biopsy shows a metastatic cancer, but the pathologists can't tell where it originated.

What then?

Patients feel upset and sometimes outraged at this news, and who could blame them? It was our job to share these discouraging tidings and to propose a

next step: Yet another biopsy. We were back to square one.

Patients hated it. *I* hated it.

This month's *More Voices* theme is [The Biopsy](#). What has your experience been of getting a biopsy, performing a biopsy, evaluating biopsied tissue, giving a biopsy result to a patient or hearing about a loved one's biopsy?

Share your story using the [More Voices Submission Form](#). For more details, visit [More Voices FAQs](#). And have a look at last month's theme, [Cold](#).

Remember, your health-related story should be 40-400 words. And no poetry, please.

We look forward to hearing from you!

With warm regards,

Paul Gross
Editor