Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · UROLOGY

A raised PSA result
what it means, and what comes next

A raised PSA is not a diagnosis of cancer. Most men with a raised level do not have prostate cancer, and the pathway that follows has changed significantly — an MRI now comes before any biopsy, which spares a large number of men an unnecessary procedure.

Seek urgent assessment if you have

- **inability to pass urine** with a painfully full bladder
- **visible blood in the urine**, particularly with clots
- **fever and shivering** with pelvic or perineal pain
- **new back pain with leg weakness or numbness**, or bladder or bowel changes
- **bone pain** that is constant or wakes you at night

New back pain with neurological symptoms in a man with known prostate cancer is a spinal cord emergency requiring same-day assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What else raises PSA

- **Benign prostate enlargement** — the commonest reason by far, and simply part of ageing
- **Urine infection or prostatitis** — can raise it substantially for weeks
- **Ejaculation** within 48 hours
- **Vigorous exercise, particularly cycling**, within 48 hours
- **Catheterisation, cystoscopy or a recent prostate examination**
- **Constipation**, and anal intercourse

Because of this, a single raised result is usually **repeated** after several weeks, avoiding those triggers, before anything else is decided. A great many raised results settle on retesting.

The numbers

Under 50
3.0 ng/ml or above is above threshold

50–69
3.0 ng/ml or above

70+
5.0 ng/ml or above

These are referral thresholds, not diagnostic lines. What often matters more is the **trend over time**, the **free-to-total ratio**, and **PSA density** — the level relative to prostate size on scanning. A man with a large prostate and a PSA of 6 may be at lower risk than one with a small prostate and a PSA of 4.

MRI now comes before biopsy

Until recently a raised PSA led straight to a biopsy of the prostate, with a significant number turning out normal and a real rate of infection and bleeding. Current NICE guidance is a **multiparametric MRI first**. A reassuring scan means many men can avoid biopsy altogether, and where biopsy is needed the scan targets it, improving accuracy. If someone proposes a biopsy without an MRI, ask why.

If a biopsy is needed

- It is usually done through the perineum (transperineal), which carries a much lower infection risk than the older route through the rectum.
- Blood in the urine and semen afterwards is common and can last weeks. Semen may look rust-coloured for a month or two.
- Results are given as a **Gleason score or grade group**, describing how aggressive the cells look.
- A negative biopsy does not always end the matter; PSA monitoring usually continues.

If cancer is found

Prostate cancer covers a very wide range, from disease that will never cause harm to disease needing prompt treatment. Many men with low-risk cancer are offered **active surveillance** — regular PSA, examination and scans, with treatment only if things change. This is not being denied treatment; it is avoiding the side effects of treatment for a cancer that may never need it.

Where treatment is indicated, options include surgery, radiotherapy and hormone treatment, each with different side-effect profiles around continence and erectile function. These are worth discussing in detail rather than deciding quickly.

Why come to us. A PSA result should come with a conversation, not a number on a screen. We offer **PSA testing in-house with results explained by a clinician**, examination and repeat testing where indicated, ultrasound on site to assess prostate size and bladder emptying, and consultant urology **without a GP referral**. Multiparametric MRI is arranged through our CQC-registered partners. Open seven days a week, with published fees.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **PSA Test** · **Urology** · **Men's Health Clinic** · **MRI Scan** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE NG131 and NG12 guidance on prostate cancer diagnosis and management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.