

Study ID	No. analysed	No. (%) experiencing event	Type of event
Beyersdorff 2002 ⁵⁷	38	2 (5%)	Haemorrhage in the prostate
Bhatia 2007 ⁷⁶	21	Most patients	Transient haematuria (self-resolving) after TRUS biopsy
		None	Sepsis
		None	Severe bleeding
Djavan 2001 ⁸¹	820	57%	Mild haematuria
		16.6%	Recurrent mild haematuria
		11.3%	UTI
		10.2%	Delayed haemospermia
		6.8%	Persistent dysuria
		2.4%	Rectal bleeding
		2.3%	Delayed fever
		1.4%	Moderate to severe vasovagal episodes
		0.5%	Severe haematuria
		0.1%	Major rectal bleeding
Engelhard 2006 ⁸²	37	None	Collateral effects or complications
Hambrock 2010 ⁸⁶	68	1 (1.5%)	Transurethral haemorrhage (self-limiting)
		1 (1.5%)	UTI (uncomplicated)
Hoeks 2012 ⁸⁷	264	1 (0.4%)	Sepsis with hospitalisation
		4 (1.5%)	Vasovagal reaction
^a Labanaris 2010 ⁸⁹	260	190 (73%)	Macroscopic haematuria lasting an average of 4 days (range 1–18 days)
		146 (56%)	Haemospermia lasting an average 11 days (range 1–30 days)
		96 (37%)	Minor rectal bleeding lasting an average of 1.3 days (range 0–15 days)
	173	2 (1.2%)	Prostatic infection (fever and required hospitalisation)
Yakar 2011 ¹⁰⁹	9	None	Complications relating to the biopsy procedure in terms of bleeding, infection, sepsis or other medical conditions
Yuen 2004 ¹¹¹	57	3 (1.4%)	Macroscopic haematuria (treated conservatively as inpatient)
		5 (2.3%)	Fever (treated conservatively as inpatient)
		5 (2.3%)	Acute retention of urine (treated conservatively as inpatient)
		1 (0.5%)	Bleeding per rectum (admitted to hospital)
		Not stated	Transient haematuria, haemospermia and orchitis (treated in the outpatient setting)
Yuen 2004 ¹¹²	24	Most patients	Transient haematuria and haemospermia (self-resolving)
		None	Sepsis requiring inpatient treatment
		None	Severe bleeding requiring inpatient treatment

^a Nos of those experiencing adverse events calculated from the percentages reported.