



Diagnostic Imaging

Percutaneous Biopsy

Information for patients undergoing Percutaneous Biopsy

This leaflet tells you about the procedure known as 'Percutaneous biopsy'. It explains what is involved and what the possible risks are.

What is 'percutaneous biopsy'?

'Percutaneous' means 'through the skin'.

A 'biopsy' is the method of taking a small piece of tissue out of the body, using only a tiny incision and a special needle. A Pathologist, an expert in examining tissue samples, can then look at it under a microscope.

Why do I need a percutaneous biopsy?

You may have had an ultrasound scan, MR or a CT scan which may have shown that there is an area of abnormal tissue inside your body. It is not always possible to determine the cause of these abnormalities on scans alone. The simplest way to make a diagnosis is to take a tissue sample for a Pathologist to examine.

Who has made the decision?

The Consultant in charge of your case and a Radiologist will have discussed your case and feel this is the best way of making the diagnosis and planning your treatment.

Who will be performing the percutaneous biopsy?

A doctor called a Radiologist who has been specially trained in using x-ray and scanning equipment to place the biopsy needle accurately into the abnormal tissue will perform the biopsy.

Where will the biopsy take place?

In the x-ray department, either in the CT scanning room or else a 'special procedures' room, with an ultrasound machine.

Is there any preparation?

Prior to your biopsy, you may be required to have some blood samples taken by your doctor to check that you do not have an increased risk of bleeding. Be sure to mention any medicines you take, especially those that effect blood clotting, like aspirin, warfarin or clopidogrel.

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, you must tell us.

Special instructions before the procedure

Seven days before the procedure

Your referring consultant should have advised you to Stop taking Aspirin, Clopidogrel and Warfarin before the biopsy, even if you are normally prescribed them.

Please contact the Radiology Nurses for further advice if you have NOT been instructed to do so.

Day of the procedure

You may have a light meal four hours before the procedure and drink clear fluids up to two hours before the procedure.

Clear fluids = water, clear squash/apple juice, black tea or black coffee, clear herbal teas.

If you have stopped drinking prior to the biopsy you should continue to take your medication with sips of water but not Aspirin, Clopidogrel or Warfarin.

What happens during the biopsy?

A nurse will take your details and attach a monitor so she can record your blood pressure, pulse etc. You will be asked to change into an x-ray gown. The Radiologist will explain the procedure to you before asking you to sign the consent form.

You will be asked to lie on an x-ray table or bed and a preliminary scan may be performed. The Radiologist will clean the skin with antiseptic to help avoid infection. We will keep everything as sterile as possible; you may have part of your body covered with a sterile towel. The skin and deeper tissues will be anaesthetised with a local anaesthetic; this will sting briefly before the tissues go numb. The Radiologist will make a tiny cut, and then insert the biopsy needle. We will continue to scan you to ensure that we have achieved the best position before taking some samples of the abnormal tissue. A small plaster will be placed over the biopsy site at the end.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how difficult the procedure will be. The biopsy may take about 30 minutes.

Will it hurt?

You will feel stinging as the local anaesthetic is given and then pressure on the skin as the biopsy needle is inserted. After the biopsy it is common to experience some pain at the biopsy site. You will be offered oral painkillers for this. Rarely the pain requires an injection of painkillers. There will be a nurse, or another member of staff, standing next to you and looking after you.

What happens afterwards?

You will be taken to your ward on a bed or trolley. Nursing staff will monitor your blood pressure, pulse, wound site etc. You will generally stay in bed for a few hours, until you have recovered.

If you are well enough you will be allowed home later that day, or you may need to stay overnight.

You must:

- have a responsible adult to collect you, as you cannot drive home or travel on public transport
- have someone to stay with you for the first night just in case your wound bleeds or you feel unwell
- have access to a telephone

After care advice:

- The next day you may have a bath or shower, removing any plasters.
- Refrain from work, exercise or heavy lifting for **two** days following your biopsy

Please contact your GP (home doctor) if:

- there is any unusual redness, swelling or bleeding at the biopsy site
- your temperature is 38° C (100.4 F) or greater
- you experience pain that is not relieved with paracetamol

Follow-up

You will not get the results of your biopsy before you leave, as it takes a few days to do all the necessary tests on the biopsy specimen. Your referring consultant or a member of their team will see you in clinic approximately two to four weeks after the procedure.

What are the risks and complications?

Normally a percutaneous biopsy is a safe procedure, but there are some risks and complications, which can arise, as with any medical treatment.

There is usually very little bleeding, which stops quickly. Bleeding internally occurs rarely. Very rarely, a blood transfusion, an operation or another radiological procedure is required to stop the bleeding.

The most usual complication is pain after the procedure as described earlier, which may take several hours to settle.

Occasionally, despite taking every possible care, the piece of tissue obtained is not from the affected area, or it may not be enough for the Pathologist to make a definite diagnosis. In these cases it may be necessary to do another biopsy.

Consent

Informed consent will be obtained prior to the procedure. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

Finally

We hope that you have found this leaflet useful. If you have any questions or you are worried about anything please discuss it with your referring consultant, your family doctor (GP) or:

- Radiology Sister – 01305 255276

Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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Information Booklet: Percutaneous Biopsy

Getting feedback from our patients is important. Your answers can help us to monitor the information we give you, to ensure it meets a high and consistent standard at all times.

Could you take a few moments to complete this form, all responses are in confidence. Thank you – your time is very much appreciated.

Did you find this booklet useful?

Yes ☐

No ☐

Did it contain the type of information you wanted?

Yes ☐

No ☐

Would you have liked more or less information?

Yes ☐

No ☐

Is there anything else you would like to know?

Yes ☐

No ☐

If yes, please tell us:.....

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Your comments:.....

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Please return this completed form to:

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