

Information about having a

Percutaneous Image Guided Biopsy

(Including ultrasound, fluoroscopy and CT guided)

What is a Percutaneous Image Guided Biopsy?

Percutaneous means “through the skin”. A biopsy is a method of using a special needle to take a small piece of tissue from inside the body. This could be from an organ such as the liver or from a lymph node or other area such as the lining of the abdomen (peritoneum).

We put a special needle through a small cut in the skin overlying the area to be biopsied. Then we send the sample of tissue to the laboratory for examination under the microscope.

Who will do it?

A specially trained doctor called a Radiologist will take the tissue.

Where will it be done?

In the Radiology Department. We use various types of imaging methods to guide the procedure. These include ultrasound, CT and fluoroscopy (x-ray screening).

When can I discuss the procedure?

You can discuss this at the clinic, with the doctor who is referring you for the test, with the ward doctor and with the Radiologist before the procedure.

Consent

We will ask you to sign a consent form before the procedure to give us permission to do the biopsy. Please make sure that you ask any questions that you may have. This is to make sure that you know what we plan to do, other treatments, and any risks or complications of the biopsy.

What preparation is required before the procedure?

We will need to take routine blood tests. Please tell the doctor if you take any medicines to thin the blood (anti-coagulants) as you may have to be stop or adjust these temporarily. Examples include warfarin, apixaban and clopidogrel (Plavix). You cannot eat for 4 hours before the procedure but you may be able to drink small amounts of water. You will need to wear a hospital gown.

What happens during the procedure?

You will have an initial scan to help plan the procedure. We will ask you to lie on a table or couch. It is important that you lie still throughout the procedure. The Radiologist will clean the skin with antiseptic solution and inject local anaesthetic. This will sting briefly before the tissues go numb. We will make a small cut in the skin and insert the biopsy needle to take the tissue sample. The Radiologist will use the ultrasound machine, CT scanner or X-ray machine to accurately guide the needle into the correct position to take the biopsy. In the case of CT, the table will move in and out of the CT scanner several times. The Radiologist may give you breathing instructions during the procedure. At times you may need to hold your breath for a few seconds.

Will I have any discomfort?

There is a brief stinging sensation when the Radiologist injects the local anaesthetic. After this the tissues will go numb. Although you will be aware of the Radiologist working, it shouldn't be painful. There may be some mild discomfort after the procedure but simple painkillers should help, for example, paracetamol.

How long will it take?

The procedure itself takes about 20-30 minutes but you will be in the Radiology Department for longer to allow you time to speak to the radiologist and other staff before the procedure.

What happens afterwards?

You will return to your ward and the nursing staff will regularly check your pulse and blood pressure. You may need to stay in bed for approximately 4 hours. You may need to stay in the hospital overnight after the procedure, particularly if you have travelled a distance to attend for the biopsy, or if you stay alone. It is important that someone is able to take you home and stay with you overnight. We do not recommend driving yourself home after the biopsy.

Are there any risks?

Percutaneous image guided biopsies are generally very safe procedures but as with any medical procedure there are some complications that can arise. The specific risks attached to your procedure will depend where the biopsy tissue is being taken from. Your doctor and the radiologist performing the biopsy will discuss these with you.

Generally, there is a small risk of bleeding as a result of any biopsy. This usually settles down by itself. Occasionally the bleeding can be more severe and this may need a procedure to control it. This would also be carried out in the Radiology Department. Rarely, surgery may be required. If there was a large amount of blood loss, you may require a blood transfusion.

Serious complications, including death, are very rare.

If you have any questions please telephone the number on your appointment card or letter.

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