

PATIENT INFORMATION

Percutaneous biopsy of the kidney, another organ or an abnormal mass: procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Puncture of the skin under local anaesthetic to perform a needle biopsy of the kidney, another intra-abdominal organ or an abnormal mass

What are the alternatives to this procedure?

Open (surgical) biopsy, observation



What should I expect before the procedure?

You will usually be admitted on the same day as your biopsy. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

Warfarin or bleeding tendencies (e.g. haemophilia, platelet abnormalities) are a contra-indication to the procedure. If you are taking Warfarin or have a tendency to bleed, please arrange to discuss this with your Consultant before the biopsy procedure.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

The procedure is usually performed in either the Ultrasound department or in the CT Scanning department.

Normally, a local anaesthetic injection will be used to numb the skin. The procedure then involves insertion of a special needle which is passed into the structure being biopsied. One or more biopsies may be taken and correct positioning of the needle within the "target" organ or mass will be confirmed using ultrasound or CT.

What happens immediately after the procedure?

After the procedure, you will return to the ward and your condition will be monitored. Your blood pressure and pulse will be measured on a regular basis and you will be observed carefully for any signs of bleeding from the biopsy site.

You will be able to return home as soon as you feel well enough.

The average length of stay is 1 day.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Slight discomfort at the biopsy site

- Skin bruising around the biopsy site

Occasional (between 1 in 10 and 1 in 50)

- Occasionally, more than one puncture site is required to obtain an adequate biopsy
- The biopsy may fail to remove the tissue in which we are interested
- No guarantee that a firm diagnosis will be made from the biopsy
- There may be a need for further biopsies or other diagnostic procedures

Rare (less than 1 in 50)

- Internal bleeding from the biopsy site
- Damage to other internal organs requiring further intervention

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

When you get home, especially after a kidney biopsy, you should drink twice as much fluid as you would normally to flush your system through and to minimise any bleeding. Any discomfort at the biopsy site should normally settle within a few days.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

If you develop a fever, severe pain or feel faint, you should contact your GP immediately.

Are there any other important points?

It will be at least 14-21 days before the pathology results on your kidney are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

You will be reviewed in the outpatient clinic once the biopsy result is available to provide you with further information.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....