

Having a Lung Biopsy

An information guide



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What is a lung biopsy?

A lung biopsy is a way of getting a sample of lung tissue using a small needle.

What are the benefits?

Obtaining a tissue sample from your lung for examination allows us to investigate your condition further, aiding diagnosis.

Are there any alternatives?

Your doctor has advised that you need this test. Other options include surgery, although this is not appropriate for everyone. Another option is to do nothing, which can either mean to literally do nothing or to observe your lesion by chest x-ray or CT scan. Your suitability for these options should have been discussed with you before the decision for a lung biopsy was made. There are risks associated with delaying treatment whilst observing. An example of this would include cancer, as it could spread if left untreated. The earlier the treatment starts the better.

Will I need a general anaesthetic?

No. A lung biopsy is done under local anaesthetic. A small injection is used to numb the skin.

What happens now?

You will receive a letter or phone call telling you when and where to report. The biopsy will normally be done within 2 weeks.

Can I eat and drink before the test?

Please do not eat anything for 4 hours prior to your appointment. You may drink some water or clear fluid up to 2 hours before your procedure.

Do I take my tablets on the day of the test?

If you are on any blood thinning tablets or injections (Warfarin, Synthron, Clopidogrel, Ticagrelor, Prasugrel, Rivaroxaban, Apixaban, Dabigatran, Edoxaban or Dalteparin) then these will need to have been stopped prior to the procedure and you may be need to be issued with alternative medicine. The doctor in clinic should have checked your medicines with you.

If you are taking any of these medicines and you have not been advised when to stop them or you are unsure please can you contact the lung nurses or respiratory secretaries to be advised when to stop these prior to the procedure.

You should take all other tablets as normal

What happens next?

A blood sample is usually taken before the procedure. This may be done in clinic or on the day when you attend the hospital for the test. The doctor who performs the biopsy is an x-ray specialist, called a radiologist. A CT or ultrasound machine is used to let the doctor know exactly where to take the samples from. The doctor then gives a local anaesthetic and passes a small needle into the relevant area in the lung and takes tiny samples of tissue. The samples are then sent to the laboratory and examined under the microscope by a specialist called a pathologist.

Will it hurt me?

Whilst it shouldn't be painful, sometimes people do experience some discomfort during the test. This doesn't usually last very long. If you feel any discomfort during the test, please inform the radiologist during the procedure. Some people have a bit of pain afterwards once the anaesthetic has worn off. If you do have pain you can take a painkiller like paracetamol (up to 2 tablets, 4 times a day).

How long does the test take?

This can usually take up to 45 minutes.

Can I go home after the procedure?

Most people are able to go home after a few hours, but there must be someone to stay with you overnight.

What are the risks of having a lung biopsy?

It is quite common for a little air to escape into the space around the lung during the biopsy. This may cause the lung to partially collapse. We call this a pneumothorax. Recent research shows that this may happen in around 1 in 5 procedures. Usually, a pneumothorax is small and does not cause any problems. Rarely, (in 3% of procedures), a lot of air leaks out and causes a big pneumothorax. If this were to happen, then we would treat it by sucking the air out again with a needle (aspiration) or by putting in a tube (called a chest drain) to let the air out again. You would probably have to stay in hospital for a day or two after this procedure.

It is quite normal to cough up some streaks of blood for a day or two after the procedure. Significant bleeding is relatively uncommon but usually happens immediately and stops after 5 to 10 minutes without needing any treatment.

There is no such thing as a completely safe invasive medical test or procedure and lung biopsy is known to be associated with an extremely rare but serious complication which can potentially result in death. However the chance of such a serious complication arising from this test is no higher than having a general anaesthetic or camera test.

Will there be any side effects after the biopsy?

Most people have no problems. If you suddenly become short of breath or have severe chest pain, then this may mean that there has been an air leak (a pneumothorax). You should contact the hospital straight away to be seen for a chest x-ray. If necessary you may be asked to attend the accident and emergency unit at the hospital.

Can I drive after the biopsy?

No. Someone else must drive you home after the test. If you feel well you should be able to drive the next day.

Are there any problems with flying in an aircraft after a biopsy?

You should not fly for six weeks after your procedure. If you wish to fly in less than six weeks please discuss this with your hospital doctor.

When can I go back to work?

You should be able to go back to work the day after the lung biopsy unless advised otherwise.

When will I get the results?

It can take up to a week before your doctor receives the results. You should have been given an appointment to see your doctor again. If you have not heard from the hospital within 10 days after the biopsy, you should telephone the consultant's secretary to make another appointment.

If you need any further information please contact:

The lung specialist nurse:

Carol Telford/Lesley Valentine 0161 778 2693

Fairfield Hospital, Bury

Jane Weir 0161 918 4057/Paula Hall 0161 604 5814

North Manchester General Hospital

Chrissie Charlesworth 0161 778 5481

Royal Oldham Hospital

Amanda Dand 0161 627 8527

The Royal Oldham Hospital/Rochdale Infirmary

Please ask about anything you do not fully understand or wish to have explained in more detail.

References

For further information on the references used in this leaflet please go to www.pat.nhs.uk

Notes

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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