

Undergoing a Liver Biopsy

An information guide



Undergoing a Liver Biopsy

This leaflet tells you about the procedure known as a liver biopsy. It explains what the procedure involves and the possible risks. It is not meant to replace discussion with your doctor or specialist nurse, but can act as a starting point for such discussion.

What is a liver biopsy?

A liver biopsy is a common procedure in which a small sample of liver tissue is removed using a special needle.

Why do you need a liver biopsy?

There are many reasons why a liver biopsy may be required but in general it is to make a diagnosis or to monitor the progression of your liver disease.

In most conditions affecting the liver, a biopsy is the only way being certain of exactly what is going on within the liver. We need to know what is going on before we can plan what treatment is required.

What happens prior to the procedure?

You will be sent an appointment through the post for your liver biopsy. Your doctor at the hospital will ask you to attend the blood clinic to have some blood tests.

In addition he may ask you to attend the blood clinic within 5 days of your appointment for liver biopsy, to have another blood test. Your biopsy cannot be performed without the results of the blood test being available because we need to know if you are likely to bleed.

You may be advised not to take any medication that affects blood clotting such as Aspirin, Clopidogrel, Dipyridamole and Warfarin. (You may need to discuss these medications with your doctor or anticoagulant clinic if you take such medications for other conditions).

You will be asked not to have anything to eat for **six hours prior** to the appointment although you can drink water.

What happens on the day?

You will be admitted to a ward on the morning of your biopsy. The radiologist (special x-ray doctor) will explain the procedure and any risks to you prior to asking you to sign a consent form.

You will have the opportunity to ask any questions that you might have. You are signing to say that you fully understand the procedure and any associated risks.

You will have a cannula (small plastic tube) inserted into a vein in your hand or arm. This is a precautionary measure in case you have any bleeding during the biopsy that requires you to have a blood transfusion or fluid.

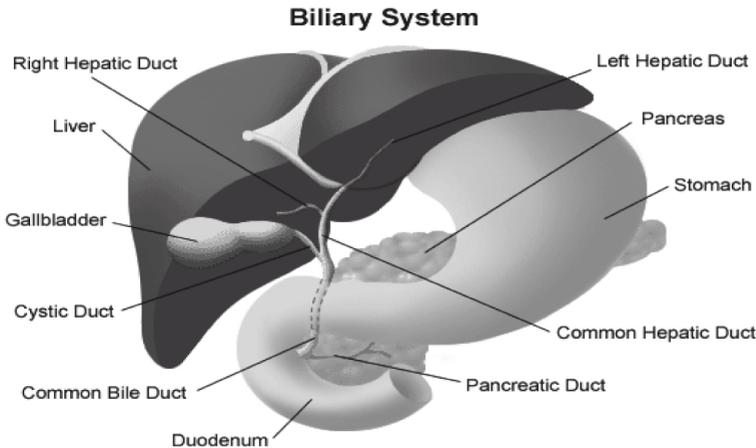
What happens during the procedure?

A liver biopsy is usually performed in the x-ray department by a radiologist (special x-ray doctor).

You will be asked to lie on a trolley/ couch on your back or on your left side. The skin over your liver is cleaned with some antiseptic that feels very cold and then you will be covered with sterile drapes.

Your liver lies under your ribs and diaphragm on the upper right side of your abdomen.

Fig 1



The doctor who does the biopsy will use an ultrasound scanner for guidance. The ultrasound scan locates the exact site of the liver so the biopsy needle is inserted in exactly the right place. The ultrasound scan is painless.

Some local anaesthetic is then injected into a small area of skin and tissues just over a part of the liver (usually between two lower ribs on the right hand side). This injection stings first and then makes the skin numb.

A special needle is then pushed through the skin into the liver. The local anaesthetic numbs the area and reduces the chances that you may feel pain during the procedure. However, you may feel some pressure as the doctor pushes on the needle.

You will be asked to hold your breath for 5 to 10 seconds when the needle is quickly pushed in and out (you will be told exactly when).

This is because the liver moves slightly when you breathe in and out. As the needle comes out it brings with it a small sample of liver tissue.

You will have your blood pressure and other physiological observations checked immediately after the biopsy.

What are the risks of liver biopsy?

Pain is the most common complication:

- 3 in 10 patients (30%) will experience some mild pain in the abdomen or shoulder tip.
- 3 in 100 patients (3%) will experience severe pain in the abdomen or shoulder tip.
- In both instances pain killers will be available as required.

A small amount of bleeding is common and usually settles on its own.

Significant bleeding is rare and occurs in less than 1 in 5000 patients (< 0.5%) which may require an operation or blood transfusion to deal with it.

Rarely in less than 1 in 1000 (<0.1%) bile may leak from the liver internally

Rarely in less than 1 in 1000 patients (< 0.1%) may the kidney, bowel, lung or gall bladder be punctured with the biopsy needle.

There is a risk of death in 1 in 1000 to 3000 (0.1% to 0.3%) patients having a liver biopsy.

What happens after the procedure?

- You will go back to the ward.
- You will need to lie on a bed and be observed for at least 4 hours to check that you have no bleeding.
- Your blood pressure and other physiological observations will be checked every half an hour for 2 hours and then hourly until you are discharged.
- You will be allowed home the same day if there are no complications.
- You may have some discomfort which will be eased with pain killers.
- You should avoid any driving, heavy lifting or manual work for the first 24 hours.
- It is advisable that you stay within reach of the hospital for the first 24 hours.

When will I get the results of the biopsy?

Understandably, waiting for results can make you anxious. It may take a couple of weeks for the results to come through.

The result of the biopsy will be discussed with you, usually in the out-patients clinic.

Please do not hesitate to discuss your concerns with any member of the medical or nursing team.

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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