

## Patient information

# Intraocular Tumour Biopsy

## St Paul's Eye Department

Your Consultant has advised you to have a biopsy of the tumour inside your eye.

### **What is a tumour biopsy?**

Biopsy consists of removing part or all of the tumour and examining the specimen in the laboratory to establish a diagnosis and/or estimate the prognosis.

### **Why is tumour biopsy performed?**

#### **A biopsy is performed to:**

- Confirm whether the tumour is malignant (cancerous) or Benign (non-cancerous).
- Determine whether the tumour has spread to the eye from other parts of the body (a metastases) or is localised to the eye (primary). This will help us to plan the treatment that you need.
- Give an approximate idea of the chances of tumour recurring in other parts of the body.

## **How is a tumour biopsy performed?**

Depending on the size and location of the tumour, biopsy is performed by:

- Aspirating part of the tumour with a needle (i.e., Fine needle aspiration biopsy).
- Nibbling and aspirating a tumour sample with a vitreous cutter, which consists of a fine tube with a guillotine near the tip.
- Removing a wedge of tumour tissue (i.e. 'incisional biopsy').
- Removing the entire tumour (i.e. 'excisional biopsy').

## **Are there any alternatives available?**

The alternative is not to have a biopsy at all.

## **What will happen if I decide not to have the procedure?**

If the biopsy would have been performed for diagnostic purposes, then without a biopsy your care will continue without a certain diagnosis. The degree of uncertainty will have been explained to you.

If the biopsy is to give an indication of the chances of tumour recurring to other parts of the body from the eye and you decide that you do not want to have this test then it may not be possible to tell you whether your chances of tumour recurrence are very high or very low.

## **How long will it take before the results are available?**

Results that are to confirm the diagnosis of whether the tumour is malignant or benign will normally be available within three to five days.

Results that give an indication of the chances of tumour spreading to other parts of the body from the eye, may not be available for four weeks and this is because of the time required to carry out the testing.

## **What sort of anaesthetic will I need?**

If you have an aspiration biopsy, you will be given a local anaesthetic. Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used. If you have an incisional or excisional biopsy then we may prefer to perform such surgery under general anaesthesia.

Both local and general anaesthesia can cause side effects and complications. Fortunately, side effects are usually short lived and can include discomfort and some disruption to your vision.

The risks of anaesthesia and surgery are low in patients who are undergoing minor surgery, and in individuals who are young, fit, active and well. For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.**

## **The day of your treatment**

You will be asked to attend the Theatre Assessment Unit (TAU) where you will be greeted and introduced to the nursing staff.

You will be encouraged to ask questions and talk about your condition and treatment. The specialist nurse will explain your care in detail.

You can expect to spend about three to four hours on the assessment unit

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - band rings can be worn but they will be taped.
- If you are on regular medication, you will be told to take this if necessary.
- A bracelet with your personal details will be attached to your wrist.
- You will be asked to sign a consent form.
- You can continue to wear any dentures or hearing aids you might have. You will need to take your spectacles off whilst the treatment takes place.
- The nursing staff will put drops into your eye to dilate (enlarge) your pupil.

## **The operation**

### **Fine needle aspiration biopsy**

A needle is passed through the wall of the eye into the tumour and a tiny sample is aspirated into a syringe.

### **Aspiration biopsy with a vitreous cutter**

The operation takes approximately fifteen minutes. It is performed using a microscope and a special lens, which gives the surgeon a better view of the tumour.

**Three tiny holes are made into the eye that allows the surgeon to place three small instruments inside the eye to:**

1. Allow fluid to circulate within the eye to maintain its shape.
2. Allow a light source enabling the surgeon to see clearly.
3. Allow a fine needle to be passed into the tumour in order to get a tissue sample.

**What are the possible risks and complications of aspiration biopsies?**

**Possible risks include:**

- 50% chance of bleeding into the eye from the site of the biopsy.
- 10% risk of a tear in the retina.
- 10% risk of retinal detachment.
- 1% risk of Infection inside the eye.
- 0.5% risk of localised spread of cancerous cells.
- In tumours less than two millimetres in thickness, there is a 10% risk of insufficient or inadequate tissue to allow testing.
- In tumours greater than two millimetres there is a 5% risk of Insufficient or inadequate tissue to allow testing

### **Incisional biopsy**

A small trapdoor is made in the eye and a wedge of tumour is removed. The trapdoor is closed with sutures, possibly also with the use of tissue glue to ensure a watertight seal. This is performed under general anaesthesia.

## **Excisional biopsy**

The entire tumour is removed, usually through a trapdoor in the wall of the eye. This is done under general anaesthesia.

### **What are the possible risks and complications of incisional and excisional biopsies?**

#### **Possible complications include:**

- 10% chance of bleeding into the eye from the site of the biopsy.
- 5% risk of a tear in the retina.
- Less than 1% risk of retinal detachment.
- 1% risk of Infection inside the eye.
- 0.5% risk of localised spread of cancerous cells.
- In tumours less than two millimetres in thickness there is a 10% risk of insufficient or inadequate tissue to allow testing.
- In tumours greater than two millimetres there is a 5% risk of insufficient or inadequate tissue to allow testing

## **Discharge information**

After aspiration biopsy, you will be discharged when you feel well enough to go home, which is usually within one hour following your operation.

### **You should not fly for at least one day following the operation.**

After incisional or excisional biopsy, you will need to stay in hospital for one or two days.

## **Pain relief and other medications**

- The nursing staff will advise you about painkillers before you leave the hospital.
- Continue any oral medication prescribed by the doctors.
- A member of the nursing staff will show you how to apply antibiotic, anti-inflammatory and dilating eye drops. If necessary, a District Nurse will be asked to help you with this once you get home.
- Please wash your hands both before and after applying eye drops.
- Apply your drops at the correct times.

**If any severe pain, sudden loss of vision or excessive stickiness is noticed, please contact the Emergency Eye Department on Tel: 0151 706 3949 Text phone number: 18001 0151 706 3949 or your local hospital.**

## **Your eye**

### **For two weeks after the operation please:**

- Avoid rubbing or pressing on the eye.
- Avoid heavy lifting, exercise or gardening.
- Avoid getting soap or shampoo in your eye while washing.
- Avoid eye makeup for at least two weeks after your operation.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others.

Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further Information**

### **Clinical Nurse Specialists:**

- **Gillian Hebbbar**
- **Gwendolyn Hachuela**
- **Shirley Varghese**

**Tel: 0151 706 3976**

**Text phone number: 18001 0151 706 3976**

**Email:**

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**[gwendolyn.hachuela@rlbuht.nhs.uk](mailto:gwendolyn.hachuela@rlbuht.nhs.uk)**

**[shirley.varghese@rlbuht.nhs.uk](mailto:shirley.varghese@rlbuht.nhs.uk)**

**Theatre Assessment Unit**

**Tel: 0151 706 3947**

**Text phone number: 18001 0151 706 3947**

**Mrs Jenny Pendlebury**

**Service Administration Manager**

**Tel: 0151 706 3973**

**Text phone number: 18001 0151 706 3973**

**Accredited web sites:**

**<http://www.looc.uk.com/>**



# Royal College of Anaesthetists

[www.rcoa.ac.uk/patients](http://www.rcoa.ac.uk/patients)

[www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf](http://www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf)

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