

Patient information

Ultrasound Guided Percutaneous Biopsy

Radiology Department

This leaflet tells you about the procedure known as ultrasound guided percutaneous biopsy, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your Consultant surgeon, but can act as a starting point for such a discussion. You will have a chance to ask questions and you should have had sufficient explanation before you sign the consent form.

What is percutaneous biopsy?

A needle biopsy is a way of taking a small piece of tissue out of your body, using only a tiny incision, so that a pathologist who is an expert in making diagnoses from tissue samples can examine it under a microscope. As this biopsy is done through the skin using image guidance with an ultrasound machine, it is called an ultrasound guided percutaneous biopsy.

Why do I need it?

Other tests that you probably have had, such as an ultrasound, CT or MRI scan will have shown that there is an area of abnormal tissue in your body.

From the scan, it is not always possible to say exactly what the abnormality is due to, and the simplest way of finding out is by taking a tiny sample for a pathologist to examine.

Important

If you have any allergies, you must let your Consultant and the radiologist know.

How is the procedure done?

The procedure will take place in the X-ray department in an ultrasound room. You will lie on the ultrasound table in a suitable position.

Using the ultrasound machine the radiologist will locate the lesion and decide on the most suitable point for inserting the biopsy needle.

The radiologist will keep everything sterile, your skin will be cleaned with antiseptic and a sterile drape will be placed on you.

Then local anaesthetic will be injected into your skin, this will sting initially but it will numb the area quickly.

You may still feel touch and pressure or be aware of the needle passing into your body during the procedure, but you should not feel sharp pain.

If you do feel sharp pain, let the radiologist know and more local anaesthetic can be given. Multiple samples may be taken through the single incision in order to maximise the chances of a definite tissue diagnosis to be made.

After the procedure, the radiologist will press on the biopsy site to ensure any bleeding has stopped and a sterile dressing will be applied.

What are the benefits of having this biopsy?

This procedure will mean a tissue diagnosis can be made in order to direct any treatment you may need. The biopsy also avoids having an operation to obtain a tissue sample.

What are the risks?

There is a slight risk of bleeding, but only a tiny skin incision is made and the needle used to take the biopsy will be fine. The radiologist performing the procedure will ensure that any bleeding after the biopsy has stopped by applying pressure to the biopsy site. If the bleeding were to continue, it is possible you might need a blood transfusion. Very, very rarely an operation or another radiological procedure may be required to stop the bleeding.

If you are on anticoagulants (medication to thin the blood like warfarin, clopidogrel or aspirin) this risk is slightly raised but the radiologist performing the procedure will ensure that the bleeding has stopped before you leave the department.

Unfortunately occasionally despite taking every possible care, the pathologist may not be able to make a definitive diagnosis from the tissue samples obtained. If this happens, your Consultant will discuss with you if you need another biopsy performed at a later date.

Although there is a small theoretical risk of infection, the procedure is done with a sterile technique and the risks are very minimal.

There is a very small risk that the local anaesthetic used may occasionally cause side effects such as blurred vision, dizziness or drowsiness but the amount used is very small.

After the procedure

You will be able to leave the radiology department after your biopsy.

If you feel unwell, have fever and chills, skin changes or severe pain after the biopsy despite taking painkillers, please see your doctor or ring the telephone numbers below for advice. Out of hours please contact your doctors (GP) surgery or NHS 111.

If the pain is severe and you have been unable to obtain advice from your GP or NHS 111 please attend your nearest Emergency Department (A&E Dept).

Results

The biopsy samples are sent off to the laboratory, and it takes a few days for the pathologist to do all the necessary tests on the samples. The test results will be forwarded to your Consultant who referred you for this test, usually within two weeks.

Mr Yin / Mr Chandrashekar secretary
Tel: 0151 706 4118
Text phone number: 18001 0151 706 4118

Sarcoma Nurses Sarah Massey / Sian Newbury
Tel: 0151 706 5997
Text phone number: 18001 0151 706 5997

Imaging Department
Tel: 0151 706 2730
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Further information

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