



## Procedure Information

### Renal Biopsy

#### Introduction

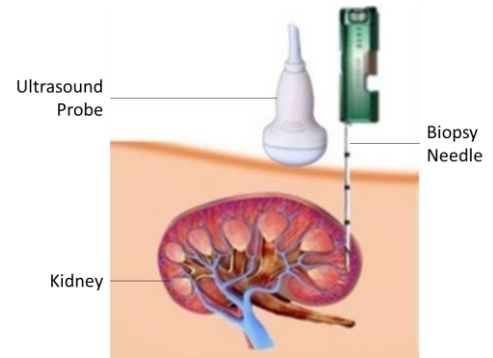
A renal biopsy (also known as kidney biopsy) is a procedure used to obtain renal tissues for laboratory analysis.

#### Outcomes

The type of renal disease can be diagnosed and its severity can be accurately assessed so that appropriate treatment can be given.

#### Procedures

1. The procedure can be performed under local anaesthesia or monitored anaesthesia care (MAC).
2. You are asked to lie in a prone position. In special circumstances, you may lie in a supine position.
3. The doctor uses an ultrasound machine to locate your kidneys.
4. After administering a local anaesthetic to the skin of your back, a small incision is made.
5. Under the guidance of ultrasound scan or X-ray, a needle is inserted into the kidney through the incision and the tissue is taken.
6. During the procedure, the doctor may instruct you to hold your breath temporarily.
7. The procedure may be repeated to obtain adequate tissues.
8. Pressure is applied to the biopsy site to stop any bleeding. A dressing is applied to the wound.
9. The entire procedure takes about 30-60 minutes.



Source:  
<https://link.springer.com/article/10.1007/s13300-020-00888-w>

#### Possible Risks and Complications

1. Wound bleeding: may be heavy enough to require blood transfusion in 0.9% of people, may need surgery to stop bleeding
2. Mild or serious haematuria: usually improves in 24 hours or lasts for a few days
3. Perinephric hematoma: resolves in 2 – 3 months
4. Anomalous arteriovenous fistula: usually heals spontaneously in 3-20 months, in rare case may become long term
5. Perforation of another organ, such as intestines and spleen (rare)
6. Failure to obtain an adequate sample
7. Wound infection (rare)
8. Pneumothorax (rare)
9. Death (very rare)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-procedure haemorrhage or leakage, further operation or intervention may be necessary.

## **Pre-procedure Preparations**

1. Good hygiene can prevent wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedures and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medicine.
4. Blood-thinning medications such as Warfarin, Aspirin or Clopidogrel must be stopped a few days before the procedure as instructed by the doctor.
5. Please inform our staff if you are or might be pregnant.
6. Blood tests may be performed as necessary.
7. You are taught how to inhale and exhale deeply so that you can hold your breath in an exhaling state.
8. No food or drink four to six hours before procedure if necessary.
9. Diabetes patients should withhold the anti-diabetic medications upon fasting as prescribed.
10. Medications for control of blood pressure should be taken as advised.
11. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
12. Please empty your bladder before the procedure.

## **Post-procedure Instructions**

1. You should lie supine for at least four hours and remain on bed rest for twelve to twenty-four hours as instructed.
2. Your blood pressure and urine are closely monitored by the nursing staff to detect any risk of bleeding.
3. The wound is covered with a sterile dressing and a pressure bandage which can prevent bleeding. Please keep the dressing clean and dry.
4. You need to drink more water (at least 2000ml daily) as instructed by your doctor to avoid urinary obstruction. (Except for patients who have medical conditions requiring restriction of fluid intake)

## **Advice on Discharge**

1. Avoid vigorous exercises/ activities, heavy lifting or any activities that increase intra-abdominal pressure during the first two weeks to prevent secondary bleeding.
2. Please seek advice from your attending doctor to resume blood thinning agents.
3. Immediately consult your doctor or return to the hospital for professional attention in the event of abdominal/ lumbar pain, bleeding or pus discharge from the wound, hematuria, dizziness, increased heart rate during rest, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

