

# **Procedure Information**

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# **Percutaneous Biopsy**

# **Introduction**

Percutaneous biopsy is a procedure to take a sample of tissue from the body by using a special needle passed through the skin. This procedure is performed by radiologists with special training in interventional radiology under imaging guidance such as X-ray, computed tomography (CT), ultrasound etc. A sample of tissue is collected and sent to pathology laboratory for diagnosis. Please discuss with your doctor for better options plan and treatment.

# **Outcomes**

The tissue samples are taken out and examined by pathologists for histological assessment.

# **Procedures**

- 1. This procedure is usually performed under local anaesthesia and aseptic technique. Monitored anaesthetic care or intravenous sedation may be used if needed.
- 2. The lesion is identified with imaging techniques such as X-ray, computed tomography or ultrasound.
- 3. A small incision in the skin may be made and a biopsy needle is inserted into the lesion.
- 4. One or more needle passes may be required for providing adequate amount of sample for analysis.
- 5. The puncture site is pressed to stop bleeding and covered with a sterile dressing.
- 6. Specimen taken is sent to the pathology department for examination.

# **Possible Risks and Complications**

- 1. Bleeding or significant bleeding
- 2. Haematoma
- 3. Local pain
- 4. Injured nearby organs
- 5. The examination result may be affected by sampling error, or inadequate amount of tissue being obtained for diagnosis.
- 6. Repeated examination may be required on another day.
- 7. Common complications are generally minor and severe complications are rare.
- 8. Death rate:
  - Liver / liver mass: less than 0.1%
  - Pulmonary mass (due to tension pneumothorax, air embolism and pulmonary haemorrhage): less than 0.02%
  - Kidney / renal mass: extremely 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.

# **Pre-procedure Preparations**

- 1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
- 2. Please inform your doctor and nurse of all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
- 3. Please inform our staff if you are or might be pregnant.
- 4. Several drugs, herbs and supplements which influence coagulation ability may be withheld a few days before the procedure.
- 5. Blood tests may be performed to assess coagulation profile. Correction with transfusion of blood products may be needed before the procedure.
- 6. No food or drink six hours before procedure.
- 7. Good hygiene can prevent wound infection. Please clean up yourself on the day of procedure.
- 8. Intravenous access is established and prophylactic antibiotic is administered.
- 9. A doctor may mark the side you are to be operated on. Please do not washing off the marking.
- 10. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
- 11. Please empty your bladder before the procedure.

# **Post-procedure Instructions**

- 1. Your vital signs are regularly monitored by the nursing staff.
- 2. Bed rest is needed.
- 3. Keep dressing clean, dry and intact until follow up or according to the doctor's instructions.
- 4. If discomfort, bleeding or increase/persistent pain from the puncture site, please inform your nurse to follow.
- 5. The examination result will be available within a few days.

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.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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