Percutaneous biopsy of the kidney, another organ or an abnormal mass: procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
Puncture of the skin under local anaesthetic to perform a needle biopsy of the kidney, another intra-abdominal organ or an abnormal mass

What are the alternatives to this procedure?
Open (surgical) biopsy, observation

What should I expect before the procedure?
You will usually be admitted on the same day as your biopsy. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

Warfarin or bleeding tendencies (e.g. haemophilia, platelet abnormalities) are a contra-indication to the procedure. If you are taking Warfarin or have a tendency to bleed, please arrange to discuss this with your Consultant before the biopsy procedure.
Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?
The procedure is usually performed in either the Ultrasound department or in the CT Scanning department.

Normally, a local anaesthetic injection will be used to numb the skin. The procedure then involves insertion of a special needle which is passed into the structure being biopsied. One or more biopsies may be taken and correct positioning of the needle within the "target" organ or mass will be confirmed using ultrasound or CT.

What happens immediately after the procedure?
After the procedure, you will return to the ward and your condition will be monitored. Your blood pressure and pulse will be measured on a regular basis and you will be observed carefully for any signs of bleeding from the biopsy site.

You will be able to return home as soon as you feel well enough.

The average length of stay is 1 day.

Are there any side-effects?
Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)
- Slight discomfort at the biopsy site
- Skin bruising around the biopsy site
Occasional (between 1 in 10 and 1 in 50)
- Occasionally, more than one puncture site is required to obtain an adequate biopsy
- The biopsy may fail to remove the tissue in which we are interested
- No guarantee that a firm diagnosis will be made from the biopsy
- There may be a need for further biopsies or other diagnostic procedures

Rare (less than 1 in 50)
- Internal bleeding from the biopsy site
- Damage to other internal organs requiring further intervention

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?
When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

When you get home, especially after a kidney biopsy, you should drink twice as much fluid as you would normally to flush your system through and to minimise any bleeding. Any discomfort at the biopsy site should normally settle within a few days.

What else should I look out for?
If you develop a fever, severe pain or feel faint, you should contact your GP immediately.

Are there any other important points?
It will be at least 14-21 days before the pathology results on your kidney are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.
You will be reviewed in the outpatient clinic once the biopsy result is available to provide you with further information.

**Driving after surgery**
It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Is there any research being carried out in this field at Addenbrooke’s Hospital?**
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

**Who can I contact for more help or information?**

**Oncology Nurses**
- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

**Non-Oncology Nurses**
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

**Patient Advice & Liaison Centre (PALS)**
- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine
  *801 (from patient bedside telephones only)
- E mail
  pals@addenbrookes.nhs.uk
- Mail
  PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ
What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature..................................................................................................Date...........................................................................

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

**Polish**

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

**Portuguese**

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223
Percutaneous biopsy of the kidney, another organ or an abnormal mass

216032 ou envie uma mensagem para:
patient.info

Russian
Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт

Cantonese
若你需要此信息的其他语言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到：patient.info

Turkish
Bu bilgiyi diğer dillerde veya büyük baskıya veya sesli formatta istseniz lütfen su numaradan kontakt kurun: 01223 216032 veya asagidaki adrese e-posta gönderin:

Bengali
এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টুপে পেতে চাইলে দলা করে 01223 216032 নম্বরে ফোন করেন বা patient.info

Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

Document history
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