Patient information and consent to kidney (renal) biopsy

Key messages for patients

- **Please read this information carefully.** You and your health professional will sign it to document your consent.

- **It is important that you bring the consent form with you when you are admitted for the biopsy.** You will have an opportunity to ask any questions from a kidney doctor when you are admitted. You may sign the consent form either before you come or when you are admitted.

- **Please bring with you any medications you use (including patches, creams and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.**

- Take your medications as normal on the day of the procedure **unless** you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.

- **Please call the renal unit on telephone number 01223 217828 if you have any questions or concerns about this procedure or your appointment.**

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so).

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
Patient Information

This leaflet tells you about having a kidney biopsy. Please read it as well as talking to your doctor/ nurse.

What is a kidney biopsy?
A kidney or renal biopsy means removing a very small sample (about half a matchstick in size) from one of your kidneys using a special needle. The sample can then be tested under a microscope to find out the cause of your kidney disease.

Why would you need to have a kidney biopsy?
You will know that blood or urine tests have shown that your kidneys are not working properly. A biopsy may find the cause of the kidney disease and tell you what is the best treatment. It may avoid unnecessary treatment, which could have side effects, and it may prevent further harm to your kidneys by being given the wrong treatment.

Where is it done?
- Biopsies are either performed whilst you are an inpatient at Addenbrooke’s, or as a “day case” procedure usually in the Planned Short Stay Unit (PSSU).
- The biopsy will usually be carried out by the bedside or in a procedure room on the ward. You will need to lie on your stomach for the biopsy, which takes about thirty minutes. It will be done under local anaesthetic, so you will remain awake. You can eat and drink normally before and after the biopsy is done.
- Before the procedure, you will be seen by one of the kidney doctors who will explain the details of the procedure and ask you to sign a consent form. This will state that you have received information about the procedure and have discussed it with the doctor.

Who will perform my procedure?
This procedure will be performed by a doctor from the renal team, either a registrar or consultant. There may be two doctors present if one doctor requires help or supervision.

Before your procedure
We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring any packaging with you.

Most people who have this type of procedure are able to go home the same day. However, you may be asked to stay overnight if you have blood in the urine following the procedure or live a long way from the hospital.

During the procedure
- You will usually be asked to lie face down on the bed or couch with a pillow under your stomach.
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- The doctor will find the exact position of the kidney using an ultrasound machine.
- The skin on your back over the kidney will be cleaned with antiseptic, and local anaesthetic will be injected into the skin. It may sting at first and once the skin is numb, more local anaesthetic is injected around the kidney.
- The biopsy needle will then be passed through the numb area and the kidney sample taken. You will be asked to hold your breath for a few seconds because the kidney moves during breathing. You should usually not usually be aware of any pain from the biopsy needle but you may feel a little pressure and hear a clicking sound when the biopsy sample is taken. The doctor may ask to take two or three biopsy samples; occasionally it will not be possible to remove a suitable bit of the kidney, (which may lead to the biopsy being repeated at a later date).

**After the procedure**

**Eating and drinking.** After this procedure, you can eat normally and will usually be encouraged to drink plenty of fluids.

**Getting about after the procedure.** Afterwards you will be asked to rest in bed for at least six hours. You will need to stay lying flat on your back during this time (you may have a pillow). Your pulse and blood pressure will be monitored and when you pass urine it will be tested for bleeding. When the local anaesthetic wears off you may feel some pain in the back due to slight bruising - paracetamol is a safe painkiller to use if needed.

**Leaving hospital.** If you feel well after the biopsy and have no pain or blood in the urine, you may be able to go home later that day (at about 18.00 to 20.00) – but please arrange for someone else to drive.

**Resuming normal activities including work.** After the biopsy you should avoid exercise for 48 hours and if you develop severe pain around the kidney or any blood in the urine, you should contact the kidney unit straight away.

**Special measures after the procedure:**
You should avoid heavy lifting for a week after the biopsy.

**Check-ups and results:** A provisional result of the biopsy should be available within 24-48 hours, but the full report may take longer. You should have an appointment in the renal clinic three to four weeks following the biopsy to discuss the results. We may telephone you sooner than this.

If there is not a bed available on the day of your biopsy, your biopsy may be postponed.

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Significant, unavoidable or frequently occurring risks of this procedure

- The risk of a serious complication is small. The main risk is that the biopsy needle can damage the kidney or other parts of the body nearby. Your doctor has recommended a kidney biopsy because it is felt that the information from the biopsy makes this small risk worthwhile and it is important that you agree about this.
- Bleeding is the most serious complication. You will have a blood test before the biopsy to make sure your blood clots normally. It is important that you tell your doctor if you have any problem with easy bleeding or bruising, or if you are taking tablets that can affect bleeding such as aspirin, clopidogrel or warfarin. Normally these will need to be stopped several days before the procedure. High blood pressure can increase the risk of bleeding. If your blood pressure is high when you attend for a biopsy, your doctor may postpone the procedure.
- In about one in ten biopsies there is visible bleeding in the urine that settles by itself.
- In fewer than one in 50 biopsies there is more bleeding that requires a blood transfusion.
- In fewer than one in 1500 biopsies the bleeding may continue and require urgent X-Ray tests or even an operation to stop the bleeding. In fewer than one in 3000 biopsies the kidney may have to be removed to stop the bleeding. Although deaths have occurred following complications of biopsies this is extremely rare.

Alternative procedures that are available

A biopsy is usually the last test to be done to work out what is wrong with your kidneys because the other tests have not provided the answer. Without a biopsy your doctor may not be able to advise the best treatment for you. Your doctor should be able to tell you what changes in treatment could be made for your kidneys if you decide not to have a biopsy taken first.

Information and support

This information sheet is based on the Renal Association Standardised Patient Information Sheet, which can be found at http://www.renal.org/whatwedo/InformationResources/ProceduresForPatients.aspx

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, audio or visual recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue
As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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Kidney (renal) biopsy

A biopsy could help to find out what is wrong with your kidneys and inform about the correct treatment. It may avoid unnecessary treatment, which could have side effects, and it may prevent further harm to your kidneys by being given the wrong treatment.

Biopsy needle can damage the kidney or other parts of the body nearby.

Bleeding: visible bleeding in the urine / bleeding that requires a blood transfusion. In fewer than one in 1500 biopsies the bleeding may continue and require urgent X-Ray tests or even an operation to stop the bleeding. In fewer than one in 3000 biopsies the kidney may have to be removed to stop the bleeding.

Although deaths have occurred following complications of biopsies this is extremely rare.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

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c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
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d) any extra procedures that might become necessary during the procedure such as:
   □ Blood transfusion   □ Other procedure (please state)

The following information leaflet has been provided:

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Version, reference and date:  CF473 version 2 February 2017
or □ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:
   □ General and/or regional anaesthesia  □ Local anaesthesia  □ Sedation  □ None

Signed (Health professional): ___________________________ Date: ____________
Name (PRINT): _______________________________ Time (24hr): ____________
Designation: _________________________ Contact/bleep no: __________________________

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   □ Yes   □ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   □ Yes   □ No

   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   □ Yes   □ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.
   □ Yes   □ No

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Consent Form

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4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes  ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes  ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ___________________________        Date: __/__/_/__._._._

Name of patient (PRINT): __________________________

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ___________________________        Date: __/__/_/__._._._

Relationship to patient:


If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ___________________________        Date: __/__/_/__._._._

Name of witness (PRINT): __________________________

Address:


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D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ................................................................. Date: …D.D./M.M./Y.Y.Y.Y……

Name (PRINT): ......................................................................................... Job title: .................................................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ................................................................. Date: …D.D./M.M./Y.Y.Y.Y……

Name (PRINT): .........................................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ................................................................. Date: …D.D./M.M./Y.Y.Y.Y……

Signed (Health professional): ................................................................. Date: …D.D./M.M./Y.Y.Y.Y……

Name (PRINT): ......................................................................................... Job title: .................................................................