Urology Department

Percutaneous biopsy of the kidney, another organ or an abnormal mass

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 urologist or nurse specialist as well as the surgical team at Addenbrookes. 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, junior urology doctors and your named nurse.

Warfarin or bleeding tendencies (eg haemophilia, platelet abnormalities) are a contra-indication to the procedure. If you are taking a prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication you should ensure that the Urology staff are aware of this well in advance of your admission. If you 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, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
- 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 one 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 one in 10)

- [ ] Slight discomfort at the biopsy site
- [ ] Skin bruising around the biopsy site
Occasional (between one in 10 and one 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 one in 50)

- Internal bleeding from the biopsy site
- Damage to other internal organs requiring further intervention

What should I expect when I get home?

When you leave hospital, you will be given a 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 to 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 multidisciplinary 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 three 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.

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.
Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

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 and 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 and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses

Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879
Patient Information

**Patient Advice and Liaison Centre (PALS)**
Telephone: +44 (0)1223 216756
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

**Chaplaincy and multi faith community**
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

**MINICOM System ("type" system for the hard of hearing)**
Telephone: +44 (0)1223 217589

**Access office (travel, parking and security information)**
Telephone: +44 (0)1223 596060

**What should I do with this leaflet?**
Thank you for taking the trouble to read this patient information leaflet. 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 leaflet 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 patient information leaflet and I accept the information it provides.

Signature………………………………………………………Date………………………………………
We are 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 or audio, please contact Interpreting services on telephone: 01223 348043, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.info@addenbrookes.nhs.uk

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