Department of Oral and Maxillofacial Surgery

Temporal Artery Biopsy to test for Giant Cell Arteritis (GCA)

What is GCA?

GCA is a condition in which medium and large arteries, usually in the head and neck, become inflamed. It is sometimes called temporal arteritis because the arteries around the temples are usually affected.

The condition is one of the most common types of inflammation of the arteries and veins (vasculitis). Symptoms of giant cell arteritis include:

- aching and soreness in and around the temples
- vision loss

These can often develop suddenly, but may follow vague symptoms such as weight loss and prolonged tiredness.

Who is affected by GCA?

In the UK, it's estimated about 1 in every 4,500 people will develop giant cell arteritis each year. It only tends to affect adults over the age of 50, and those who develop the condition are usually over 60. Giant cell arteritis is three times more common in women than in men.

Diagnosis and treatment

Treatment for GCA will usually begin as soon as possible. This may mean that treatment begins before a diagnosis is confirmed.

The main treatment for giant cell arteritis is steroid medication. Most people need to take steroids on a long-term basis to prevent their symptoms returning. A two-year course of steroids is usually required.

The most effective way to diagnose the condition is to remove some tissue from your temporal artery so it can be studied. This procedure is known as a temporal artery biopsy.

What does the procedure involve?

The procedure will be carried out under local anaesthetic, which involves an injection in the skin adjacent to the artery.
The sample of artery will be taken from whichever side is causing the more severe symptoms. The artery will be detected with the use of doppler ultrasound prior to the local anaesthetic being administered.

During the procedure you may feel some pushing and pressure but it should not be painful. Once the artery is found a small section of it will be removed and sent for histopathological examination. Both cut ends of the artery are then secured to prevent bleeding. Sutures will be placed to close the wound and an antibacterial ointment applied to the wound. You should not require a dressing.

**What should I expect after the procedure?**

You may experience some mild pain, which can be easily controlled with simple pain relief such as Paracetamol or Ibuprofen (if tolerated). It is normal to have some temporary bruising, tenderness or numbness around your incision site. This should resolve after several days. Try to avoid getting the area wet after the procedure. Take care not to scratch or disrupt the stitches around the temple area.

**Will I need further appointments?**

You will not require any further appointments with the Oral and Maxillofacial team. The results of the biopsy will be sent to the rheumatology team who will then review you with regards to any further management.

Sutures will be placed. Depending on the surgeon’s preference they will either be resorbable or require removal. If removal is required, it will be carried out by the practice nurse at your local GP surgery five to seven days after your procedure.

**Contact your doctor or rheumatologist if you have any of the following:**

- Change in vision
- Discharge or bleeding from the wound site
- You are taking regular pain relief and are still in pain.
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.

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