

## **Kidney Biopsy ( Percutaneous Native Kidney) Information Sheet**

**General indications for the procedure:** A percutaneous native kidney biopsy is a procedure used to obtain small pieces of kidney tissue to look at under the microscope. This allows for a diagnosis of kidney problems in over 95% of cases and is helpful in determining the cause, extent and possible treatments of kidney problems.

**Prior to procedure:** Aspirin like compounds (this includes most over the counter pain medications) should NOT be taken for 1 week prior to the procedure. Blood work will be done up to a few days before the procedure and blood will be placed on hold for the patient in the event that a transfusion is needed after the procedure.

**Description of Procedure:** The biopsy is done in the X-ray department where an intravenous catheter is placed in the patient's arm just prior to the procedure to provide fluids and sedation. Using an ultrasound machine, the kidney (usually the right kidney) is localized. The back of the patient will be washed with a cleansing agent and the area will be numbed with lidocaine (like a dentist uses). A biopsy needle is typically inserted 2-3 times to obtain the kidney tissue. Following the procedure, the patient will lie on his/her back and be monitored for several hours. Another ultrasound will check for any bleeding that might occur.

**After the procedure:** The patient will be observed for a brief period in the X-ray department and then transported to his/her room for further observation. The patient will be asked to lie on his/her back for 4 hours after the procedure after which the patient can sit up but must remain in bed until the next morning when seen by the nephrologist. The patient will be monitored and have several blood draws. There may be some back discomfort after the procedure. If there is pain or blood in the urine, the patient is to notify his/her nurse.

**After the patient goes home:** The patient is not to do any heavy lifting or engaged in vigorous activity or take aspirin-like drugs (Tylenol/acetaminophen is okay) for 2 weeks. A follow-up appointment should be made with the nephrologist 1 week after the biopsy by calling 312-850-8434. If there are any concerns or issues a nephrologist can be reached by calling the paging serve at 708-237-6707.

**Risks of the Procedure:** Blood in the urine is common during the 24 hours following the procedure. More severe bleeding around the kidney or into the urine is uncommon but may require blood transfusions. Rarely, bleeding could be life threatening enough to also require surgical intervention and possibly kidney removal. Rare complications include infection, blood vessel damage, urine leaks, and damage to other organs.

**Procedure Alternatives, if any:** No biopsy or having the biopsy done in the operating room with a surgical incision and the need for general anesthesia.

**Probable Consequences of Refusing Procedure:** Not knowing the cause of the kidney problem.

**Person(s) performing the Procedure:** The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a nephrology fellow who is observed by a physician who is a member of the medical staff. Fellows are licensed physicians in approved post residency training programs. Parts of the procedure which they perform will be based on their level of competency.