

Kidney Biopsy (Percutaneous Transplant Kidney) Information Sheet

General indications for the procedure: A percutaneous kidney transplant 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 treatment of kidney transplant problems.

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 access for fluids and blood if needed. Using an ultrasound machine, the kidney is localized. The area where the biopsy needle will be inserted 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 3 times to obtain an adequate sample kidney tissue.

After the procedure: Following the procedure, the patient will lie on his/her back and be monitored for 2 to 3 hours in the X-ray department. A sand bag will be kept on the biopsy site for approximately one hour at which time another ultrasound will be performed to check for any bleeding that might occur. The patient will be monitored until he/she urinates to verify that there is no blood in the urine. If there is pain at the biopsy site or blood in the urine, the patient is to notify his/her nurse. If there is any concern for a complication following the biopsy, the patient will be admitted to the hospital for observation and any necessary treatment.

After the patient goes home: The patient is not to do any heavy lifting or engage in vigorous activity for 1 week after the biopsy. The patient should discuss with his/her physician when to resume any anti-platelet or blood thinning agent (aspirin, coumadin, Plavix). The patient should contact the transplant office 312-942-4252 two days after the biopsy for the results and follow up instructions. If there are any concerns or issues, a nephrologist or transplant surgeon can be reached by calling the transplant office.

Risks of the Procedure: 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, requiring treatment of the transplant kidney problem without definitive knowledge of the nature of the problem.

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.