

Liver Biopsy (Percutaneous) Information Sheet

General indications for the procedure: A percutaneous liver biopsy is a procedure used to obtain small pieces of liver tissue to look at under the microscope. This allows for a diagnosis of various liver conditions and is helpful in determining the cause, extent, and possible treatments of these liver conditions.

Prior to procedure: Aspirin like compounds and non-steroidal anti-inflammatory agents (such as advil, motrin, alleve, ibuprofen, naprosyn, etc.) should NOT be taken for 1 week prior to the procedure. Blood work will be done less than one month before 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. Using an ultrasound machine, the liver is located and an appropriate spot is marked for the biopsy (usually on the right side between the ribs). The right side 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 once to obtain the liver tissue.

After the procedure: The patient will be observed for a brief period in the X-ray department and then transported to the recovery room for further observation. Following the procedure, the patient will lay on his/her right side and is monitored for one hour. The patient will then be asked to lie on his/her back for 3 hours. If there is pain during the recovery period, pain medications (either orally or through the intravenous catheter) will be given. At the end of the recovery time, if the patient is stable, he/she will be sent home.

After the patient goes home: The patient is not to do any heavy lifting or engage in vigorous activity for 24 hours. Aspirin or aspirin-like drugs (such as advil, motrin, alleve, ibuprofen, naprosyn, etc.) should not be taken for 1 week. Tylenol or acetaminophen is acceptable. A follow-up communication will be made by the hepatology nurses to discuss the results. If there are any concerns or issues a liver doctor can be reached by calling the office at 312-942-8910. If the procedure is done by the radiologists, they will provide the patient with an emergency contact phone number.

Risks of the Procedure: Mild to moderate pain occurs after the biopsy in about 25% of cases. More significant pain requiring admission to the hospital is uncommon. Rarely, mild blood loss after the biopsy (not requiring hospitalization or transfusion) may occur. More significant bleeding, requiring hospitalization or transfusion, is very rare. Additional rare complications include infection, and damage to other organs.

Procedure Alternatives, if any: No biopsy, or having the biopsy done by the radiologists via the blood vessels in the neck (the transjugular approach), 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 or the extent of the liver problem to guide possible treatment of the liver problems.

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 hepatology/gastroenterology/radiology 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.

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