

Having a transjugular liver biopsy

Department of Radiology

Information for Patients

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Introduction

Please read your appointment letter carefully to check which hospital your appointment is at.

This leaflet tells you about the procedure called transjugular liver biopsy. Please read it carefully as it contains instructions and important information.

If you are having this procedure as an outpatient you will have received 2 appointments with this leaflet. The first appointment is for a pre-assessment meeting. At this meeting you will have some tests including an up-to-date blood test. The second appointment will be on a different day and is for your biopsy procedure.

The first appointment will make sure that everything is suitable and ready for your biopsy procedure which you will have on a different day. Please bring a list of your medicines with you to the pre-assessment meeting. After reading this leaflet, if you have any questions, write them down to remind you to what to ask when you come to the pre-assessment meeting.

What is a transjugular liver biopsy?

Your doctor would like to take a piece (biopsy) of your liver tissue to send to be looked at under a microscope. This is to help them with your diagnosis and treatment. Most liver biopsies are taken directly from the liver with a needle through the skin. In your case, because of the difficulties with blood clotting, fluid in the abdomen or because of the shape of your liver, your doctor has decided that a transjugular biopsy is needed.

Transjugular means this is done through the jugular vein in the side of your neck. The radiologist will direct a small tube (catheter) from here into the veins inside the liver, guided by an X-ray camera. They will inject a clear liquid that shows up on X-rays (contrast liquid) to take pictures of your liver veins to make sure the biopsy is taken in the correct place.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals

To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Your referral and consent

The doctor who referred you will have talked to you about the reasons for this procedure and any other options.

You have been referred to a radiologist for this procedure. Radiologists are doctors who specialise in imaging and X-ray treatments. They will check that you understand why the procedure is being done, and what the potential risks and chances of success are. You will be asked to sign a consent form to confirm this. **You should feel that you have had enough information before you sign the consent form.**

If after talking to the hospital doctor or radiologist you do not want to have the procedure, you can decide against it.

If the radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may ask you to return to your referring doctor for review.

Important information

If you are taking medication that thins the blood (anticoagulants or antiplatelets) please contact the Radiology Department on the telephone number on your appointment letter, for advice as soon as possible.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), dalteparin and heparin. If you are having dalteparin or heparin injections, these will need to be stopped for 24 hours before your procedure.

You will be asked what blood thinning medication you are taking, how much you take (dose), and what you are taking it for.

Please tell the X-ray staff when you arrive if:

- you are allergic to iodine or rubber (latex), or have any other allergies or asthma.
- you have ever had a reaction to an intravenous contrast liquid, the dye used for kidney X-rays and CT scanning, and X-rays of your heart and blood vessels.
- you are on renal dialysis or have any problems with your kidneys.
- you have diabetes.
- there is any possibility you may be pregnant.

How do I prepare for the procedure?

- Do not have anything to eat (except your medicines) for 4 hours before the procedure.
- It is important that you continue to drink clear fluids until 1 hour before your appointment time.
- Take all of your usual morning medication unless you were asked to stop taking them at your pre-assessment meeting, and bring all your usual medication with you.
- You will be asked to put on a hospital gown and disposable pants before the procedure.
- You will be given antibiotics before the procedure to reduce the risk of infection.

What happens during the procedure?

The procedure will usually take place in the X-ray Department. You will lie flat on your back on the X-ray table. You will be attached to a blood pressure monitoring machine and have a small monitoring device (peg) attached to your finger to check your heart rate (pulse).

You will have a small plastic tube called a cannula placed in a vein in your arm so that you can be given medication if needed.

You may be given a sedative to help you feel more relaxed.

Everything will be kept clean (sterile). Your skin will be cleaned with antiseptic and you will have some of your body covered with sterile sheets.

The right side of your neck will be cleaned with antiseptic fluid and will be covered by a sterile towel. The radiologist may do an ultrasound scan of your neck to see the veins. The right side is used in most cases but sometimes we have to use the left side if the right jugular vein is blocked or too small.

The skin and deeper tissues over the vein will be numbed with local anaesthetic. When the local anaesthetic is injected it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb.

After the local anaesthetic has been given, a small tube (catheter) about the size of a piece of spaghetti will be inserted into the neck vein using an ultrasound machine to guide it. The radiologist will then use the X-ray camera to help direct the catheter through your veins into position inside your liver, and will perform the biopsy.

You may feel some discomfort in your neck when the tube is inserted and in your tummy (abdomen) when the biopsy is taken.

If the procedure does become uncomfortable please tell the member of staff who will be with you throughout the procedure.

How long will the procedure take?

The procedure usually takes between 30 and 60 minutes.

What happens after the procedure and when I go home?

All the tubes will be removed and the radiologist or nurse will press on your neck where the tube was inserted. You will be taken back to the ward in your bed. You must stay in bed for at least 6 hours and you will usually be asked to stay in hospital until at least the following day.

If you are coming for your procedure as a day case then you will need to stay with us for most of the day. **You will need someone to drive you home.**

The nurse will check your pulse and blood pressure regularly. You can eat and drink normally after 2 hours as long as you are fully recovered from the sedative.

You will have a small puncture wound and may have a bruise on your neck. This should heal within a few days leaving only a very small mark.

If you have any serious pain or any sign of bleeding anywhere after the procedure, please tell the doctor or nurse straight away.

If you have any pain this can be eased by taking your usual painkiller. However, if your usual painkiller is aspirin, it is recommended that you use a different painkiller. If this doesn't help, please speak to your GP.

If you had sedation please follow the advice below:

For 12 hours:

- you must have another adult with you.

For 24 hours:

- you should have 24 hours off work.
- do not drink alcohol.
- do not operate any machinery or do anything needing skill or judgement.
- do not make important decisions or sign any documents.
- do not climb ladders.

For 3 days:

- do not drive a car or ride a bicycle.
- do not lift heavy items or do any strenuous exercise. If your job involves this, you should ask for light duties.

Checking your wound site

The small needle puncture site in your neck usually stops bleeding as soon as you sit up after the procedure.

Sometimes a pressure bandage is needed for a few hours, particularly if there is a problem with blood clotting.

It is unusual for your wound to start bleeding again. If it does, press on the wound firmly and call for medical help.

Are there any risks or complications?

Complications are possible with any procedure or operation. We have included the most common risks and complications in this leaflet, although they are different for each person.

Your risks will be discussed with you before you sign the consent form.

Minor complications: The risk of a minor complication is about 6% (6 in 100 patients). The majority of these complications are bruising or bleeding in your neck, or fever.

Bruising: A small bruise in the neck is common but not usually serious. Sometimes if the blood clotting is very abnormal there may be some bleeding from the puncture site. This usually stops easily if the nurse presses on it or puts on a pressure bandage.

Severe pain: The risk of severe pain is between 1 and 3%. (1 to 3 patients in every 100). The risk of abdominal pain is 10%. (10 patients in every 100).

Major complications: The risk of a major complication is about 0.6% (6 in 1000 patients). Major complications can be bruising or bleeding in the liver, bleeding into the abdomen or irregular heartbeats.

Bleeding: Any biopsy carries a small risk of bleeding internally. This procedure is designed to lower the risk of bleeding compared to a standard liver biopsy.

If there is any serious bleeding then further procedures, blood transfusion or an operation may be needed. If you have any unexpected pain or signs of bleeding anywhere please tell the doctor or nurse (even if you have already been discharged from hospital).

Irregular heart beats: Sometimes the tube passing through the heart towards the liver can cause irregular heartbeats. This usually returns to normal within a few seconds. The risk is less than 5% (less than 5 patients in 100).

Risk of death: There is a risk of death after a transjugular liver biopsy. This rate is about 1 patient in every 1000.

Reaction to contrast liquid: Some patients may be allergic to the contrast liquid and may have symptoms such as feeling or being sick (nausea or vomiting), or develop a rash. If you develop symptoms at home contact your GP or call 111.

Non-target biopsy / injury: A biopsy or injury may happen to an area not intended.

There is a small risk that the biopsy will not get a good sample for testing: In some cases a repeat procedure or a different procedure can be done. If this happens your doctor will talk to you about the options.

How do I get the results?

Your liver sample will be sent to the laboratory.

Your doctor will tell you the results as soon as they can. Some initial findings may be available the next day, but the full results usually take a few more days.

You will be able to come back to the outpatient clinic to talk about your results if needed.

Contact details

At the end of your pre-assessment meeting you will be given an information sheet which includes a contact telephone number in case you have any further questions when you get home.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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