

Having a sample of abnormal tissue taken for examination (ultrasound guided soft tissue biopsy)

Department of Radiology

Information for Patients

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Introduction

This leaflet tells you about the procedure called ultrasound guided soft tissue biopsy. It explains what is involved and what the possible risks are.

What is an ultrasound guided soft tissue biopsy?

A biopsy is a way of taking a small piece of tissue out of your body using only a tiny cut in the skin and a thin needle. Ultrasound is used to see the biopsy needle as it is inserted under the skin and to check it is in the right place for the biopsy. The small piece of tissue (biopsy specimen) will later be examined under a microscope by a pathologist (an expert in making a diagnosis from tissue samples).

Why do I need a biopsy?

Other tests that you probably have had done, such as an ultrasound scan, CT scan or MRI scan, will have shown that there is an area of abnormal tissue or a lump inside your body. From the scan, it is not always possible to say exactly what the abnormality is. The simplest way of finding out is by taking a tiny piece of it away for pathologist to examine.

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or call 111 for non-emergency medical advice**

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

Asking for your permission (consent)

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

In some cases a Multidisciplinary Team (MDT) will have discussed your case and a specialist nurse will have contacted you directly about your biopsy.

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

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then 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 then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

Important information about blood thinners:

If you are taking medication that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days.

Please call the radiology department for advice by phoning the number on your appointment letter as soon as possible. You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.

You may have already been given instructions on blood thinners by the doctor who referred your for this procedure. Please still call the radiology department so we can check this.

How do I get ready for the biopsy?

You will have had some blood tests done before the procedure to check that you do not have an increased risk of bleeding.

You will need to make arrangements for someone to drive you home after the biopsy and to stay with you for 24 hours in case you start to feel unwell after the biopsy.

Important information for patients who have diabetes: If you have diabetes it is important to have a normal breakfast. You may need to adjust your medication. Please contact your normal diabetes care provider for advice.

Please tell us when you come for your biopsy if:

- you are taking aspirin.
- you have any allergies.
- you have diabetes
- there is any possibility that you may be pregnant.

What happens during the procedure?

- When you arrive at the Radiology Department you will be directed to the relevant waiting area.
- You may be shown to a cubicle to undress and change into a hospital gown.
- You will be taken into the ultrasound room where the examination will be explained to you and you may ask any questions.
- Before the biopsy takes place you will have an ultrasound scan to identify the site for the biopsy. The radiologist may use a pen to mark this site on your skin.
- You will be asked to sit or lie down on the ultrasound table.
- 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.
- Some sterile gel will be applied to the area and the radiologist will identify the exact site by moving the ultrasound probe over your skin.
- Local anaesthetic will then be injected into the skin and deeper tissues to numb the area. 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. If the procedure does become uncomfortable you should tell the member of staff who will be with you throughout the procedure.
- The biopsy will be taken through a small cut in the skin.

Your skin at the site of biopsy may need to have a very small permanent mark (tattoo) applied. Most patients will not have this. If this is needed it will be explained to you fully at the time of the biopsy.

How long will it take?

The time will vary for each patient. Most biopsies take 40 to 60 minutes.

You will need to rest in radiology department after the biopsy. The rest time depends on where on your body the biopsy is taken from, how deep it was, and whether you feel well. This will be at least 15 minutes, but please expect to be in the department for up to 2 hours.

You will need someone to drive you home and to look after you for 24 hours.

How do I get the results?

The results cannot be given to you immediately as it always takes several days for the pathologist to do all the necessary tests on the biopsy specimen. An explanation of how to get your results will be given to you after your biopsy

Are there any risks or complications?

As with any procedure or operation, complications are possible. 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.

- **Bruising and bleeding** - There is a small risk of bruising and bleeding, this does not normally need treatment.
- **Infection** - There is a very small risk of infection which can be treated with antibiotics if necessary.
- **Discomfort** - The biopsy area may be uncomfortable for 6 to 12 hours. You can take your usual simple painkillers, such as paracetamol, to help with this.

Are all biopsies successful?

Not all biopsies are successful. This may be because the piece of tissue has been obtained from normal tissue rather than the abnormal tissue. Or, the amount of abnormal tissue got may not be enough for the pathologist to make a definite diagnosis. The radiologist doing your biopsy may be able to give you some idea as to the possibility of getting a satisfactory sample.

What if I need to talk to someone?

If you have any questions or concerns, or cannot make your appointment, please call the Radiology Department on **0116 258 8765 (option 7)** - Monday to Friday, 9am to 5pm, excluding bank holidays.



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على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
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