

Having a kidney biopsy on the kidney ward

Renal Department

Information for Patients

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Introduction

This leaflet tells you about having a kidney biopsy. Please read it carefully and talk to your doctor or nurse, if you have any questions.

What is a kidney biopsy?

A kidney biopsy means removing a very small sample of tissue (about half a matchstick in size) from 1 of your kidneys using a special needle. The sample is tested under a microscope to find out why the kidneys are not working well.

Why do I need a kidney biopsy?

Your blood or pee (urine) tests have shown that the kidneys are not working well. A biopsy may help us find out why and the best way to treat it.

Where is it done?

The biopsy is usually done on the kidney ward at Glenfield hospital by a kidney doctor.

It takes about 30 minutes.

It will be done under numbing injection (local anaesthetic). This means you will be awake.

You can eat and drink as normal before the biopsy.

**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

How will I get ready for the biopsy?

Before the day

You will get a letter asking you to come to the hospital for a check up. This is usually about 1 week before the kidney biopsy.

You will see a kidney nurse who will

- ask you some questions about your health,
- take some blood tests and
- check your blood pressure.

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days. It is important that you tell us if you taking them. Examples include aspirin, warfarin, clopidogrel (Plavix®), apixaban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta).

Please also tell us if you bleed or bruise easily and whether you taking painkillers such as Ibuprofen or Naproxen.

On the day

You will be asked to go to the kidney ward at Glenfield hospital for the biopsy. When you arrive, the kidney doctor will see you and explain the biopsy to you.

You may also have a thin tube (cannula) put in one of your arm veins.

The doctor will answer any questions you have. If you agree to have the biopsy, the doctor will then ask you to sign a consent form. This would confirm that you

- Understand why the biopsy is being done
- Understand the risks if you have the biopsy
- Understand whether there are other ways to treat your kidneys if you do not have the biopsy
- Feel you have had enough explanation about what will happen to you.

You will then be taken to the procedure room for the biopsy.

How is the biopsy done?

- You will be asked to lie face down on the couch or bed, with a pillow underneath your belly
- If you are having a biopsy of your kidney transplant, then you will lie on your back.
- The doctor will look at your kidney with an ultrasound machine.
- Your skin will be cleaned with antiseptic. This may feel cold. You will have some of your body covered with sterile sheets.
- The doctor will then inject your skin and the surrounding area over the kidney, with a numbing injection (local anaesthetic). It will sting to start with, but this soon wears off. The skin and deeper tissues should then feel numb.

- The biopsy needle will be passed through the numbed area and into the kidney. The kidneys move during breathing, so you may be asked to hold your breath for a few seconds as the sample is taken. When the biopsy is taken it should not hurt but you may feel a little pressure and hear a clicking sound. The doctor may ask to take 2 or 3 biopsy samples. Sometimes, it may not be possible to take a suitable sample.
- When the biopsy is completed, the doctor will put a dressing over the area where the biopsy was taken. You will then be asked to lie on your back. You will be taken back to the ward after that.
- The whole procedure usually takes 30 minutes, but the biopsy itself does not take very long.

What happens afterwards?

You will be asked to lie in bed for at least 6 hours. The nurse will check your blood pressure and pulse. When you pee, the nurse will check whether there is blood in it. While in bed, you can eat and drink normally. You may be asked to drink plenty of fluids, if it is the right thing for you. When the local anaesthetic wears off, you may feel some pain in your back due to slight bruising. We can give you a mild painkiller for this.

A first result may be available within 1 to 2 days but the full report will take longer. Your kidney doctor will contact you directly, if your treatment needs to change urgently.

If you feel well after the biopsy and there is no bleeding, you may be able to go home on the same day or the next day (if you live alone).

If you normally take blood thinners, the doctor will tell you when to start taking them again.

You should not drive until the next day.

You should also avoid exercise for at least 2 days and heavy lifting for 1 week. You should avoid contact sports for 2 to 3 weeks.

If you start having severe pain, feel light-headed or notice any blood in your pee, please contact the kidney ward right away for advice. **If you feel very unwell, you should call 999 or go to the emergency department.**

What are the risks from having the biopsy?

The risk of serious medical problems is small.

The main risk is that the biopsy needle can damage the kidney or other parts of the body nearby. Your doctor thinks a kidney biopsy is worth the small risks for the information it gives. It is important that you agree with this before you sign the consent form.

Bleeding is the most serious problem. You will have a blood test before the biopsy to make sure your blood clots normally.

In about 1 in 10 biopsies, there is visible bleeding in your pee (urine) that settles by itself.

In less than 1 in 50 biopsies, there is more bleeding that will need a blood transfusion.

In less than 1 in 1500 biopsies, the bleeding may not stop without treatment. This may need urgent



X-ray tests or even an operation to stop the bleeding.

In less than 1 in 3000 biopsies, the kidney may have to be taken out to stop the bleeding.

Deaths have happened because of serious problems after kidney biopsies. But this is very rare.

A bruise may develop around the kidney or rarely there may be damage to another organ.

Are there other options to a kidney biopsy?

A biopsy is usually the last test done to find out what is wrong with your kidneys. This is usually because the other tests have not given all the answers. Without the biopsy, your doctor may not be able to advise you on the best treatment for the kidneys. Your doctor should be able to tell you what changes can be made to your treatment, if you chose not to have the biopsy.

Contact details

Renal planned care hub, Leicester General Hospital Tel 0116 258 8044

Evenings/overnight/weekends/bank holidays

Glenfield Hospital, ward 27 Tel 0116 258 8082

Glenfield Hospital, ward 30 Tel 0116 258 4127

More information

Kidney Care UK,

3 The Windmills, St Mary's Close,

Alton

GU34 1EF

www.kidneycareuk.org/

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અસ્ય 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

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk