

Having a Trans - Jugular Liver biopsy

Patient leaflet

**If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.**

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Having a Trans-jugular Liver biopsy

This leaflet tells you about having a trans –jugular liver biopsy. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such discussions. If you have any questions about the procedure, please ask the doctor who has referred you or the department which is going to perform it.

What is a Trans-jugular liver biopsy ?

A liver biopsy is a procedure that involves taking a tiny specimen of the liver for examination under a microscope. In most cases, a liver biopsy is taken through the skin by passing a fine needle through into the liver. A trans-jugular liver biopsy (TJLBx) is an alternative way of obtaining the liver specimen by passing the needle through the vein in the neck (jugular vein). This method is used in patients who have abnormal clotting of the blood or fluid collecting within abdomen. This technique is to reduce the risk of bleeding after the biopsy.

Why do you need this procedure?

The doctors looking after you have decided that you need a liver biopsy to obtain more information about your liver problem. The information gained from the biopsy will help the doctors in the treatment of your condition.

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

How should I prepare for the procedure?

Are you required to make any special preparations?

A trans-jugular liver biopsy is carried out as a day case procedure under local anaesthetic. In some circumstances a night stay in hospital may be required. You may be asked not to eat for 4 hours before the procedure, although you may still drink clear fluids such as water. If your blood clotting is abnormal, you may be given special blood transfusions to try and correct this. If you have any concerns about having blood transfusions, you should discuss these with your doctor.

Who will you see?

A specially trained team of radiographers and nurses led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Due to the similarity of an operating theatre all staff members will be wearing scrub uniforms.



You will be given the opportunity to ask the Interventional Radiologist any questions you have. You will need to sign a consent form before the biopsy can take place

What to expect

Where will the procedure take place?

The procedure will take place in the Radiology Department in a special “screening room” design specially for this type of procedure. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

What happens during a Trans-jugular Liver biopsy?

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm. The procedure is performed using local anaesthetic and sometimes sedation. The skin at the side of the neck will be swabbed and covered with sterile towels. The skin will be numbed with local anaesthetic. Once the skin is numb, a small tube (catheter) is inserted into the vein at the side of the neck. An X-ray machine is used to guide the catheter into the vein in the liver and then to guide the needle into the liver. Usually, two to three biopsy specimens are taken.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. When the catheter is placed in the liver, you may get a dull ache in the right shoulder. This will go away once the tube has been removed. Some people feel a sharp pinch inside the abdomen as the biopsy is taken, but this will only last 1–2 seconds

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for 1 hour.

Risks

Are there any risks?

Trans jugular liver biopsy is a safe procedure, but as with any medical procedure there are some risks and complications that can arise. The overall risk of a problem requiring further treatment is low (1–2%). The main risk is bleeding after the biopsy. However, a trans jugular liver biopsy has a lower risk of bleeding than a conventional liver biopsy taken through the side of the abdomen.

Radiation

Having a trans– jugular biopsy involves the use of radiation. Any examination using radiation is only performed when strictly necessary and it is felt the benefits of the examination outweigh any potential risks. All imaging is performed using the minimum amount of radiation necessary, and is individualised for each patient depending on the size of the patient and the condition being investigated.

For more information on radiation please see the link below:
<https://www.ukhsa-protectionservices.org.uk/radiationandyou/>



Pregnancy

You are asked to contact the Radiology department if you suspect that you may be pregnant or if the appointment is more than 10 days after the start of your last period.

If you are, or think you could be, pregnant then you must tell us prior to, or on arrival for, your appointment.

Extravasation

Occasionally when you are having a contrast (dye) enhanced procedure there is a small risk that the injection of contrast can leak out of the vein and under the skin. This is called an extravasation. We find this occurs in 1 out of 200 injections. If this does happen then further advice will be given to by the Radiographer and Radiologist at the time of the procedure.

Injection of X-ray contrast (dye)

If you have had an allergic reaction to iodine or the X-ray contrast (dye) in the past, then you must tell us prior to, or on arrival for, your appointment.

The contrast (dye) used during the procedure contains iodine. There are risk factors associated with injections of X-ray contrast (dye), which can be increased by certain conditions. We will complete a safety questionnaire to check your suitability to have the X-ray contrast (dye). The risk of serious allergic reaction to contrast materials that contain iodine is extremely rare, and radiology departments are well equipped to deal with them. The injection usually causes nothing more than a warm feeling passing around your body, a metallic taste in your mouth and a sensation of passing water. These effects will pass within a few minutes.

Table 1: Types of allergic reaction to Contrast (X-ray Dye)

Category	Type
Mild	Minor rash, redness, Swelling of the skin, Mild nasal congestion, sneezing, runny nose. Mild high blood pressure, nausea, Mild vomiting.
Moderate	Generalised redness Marked rash, Itching, and swelling of the skin, Hoarseness or throat tightness, Fainting Swelling of face and throat.
Severe	Respiratory arrest Cardiac arrest Fluid on the lung Seizures Cardiogenic shock The risk of death is extremely rare.

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What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

Assuming you are feeling well, you will normally be discharged the same day. You will need a responsible adult to take you home by car or taxi. We do not recommend that you use public transport as it is unsafe if you feel unwell.

How will I get my results?

The biopsy specimens will be sent for examination. Once the results are available, your doctors will discuss these with you.

If I am a day patient, what do I need to do after I go home?

You should rest for the remainder of the day and possibly for the next day, depending on your recovery.

- Have someone to stay with you overnight.
- Eat and drink normally.
- Take your usual pain relief, as prescribed, if you have any pain.
- Continue with your normal medication as prescribed.
- Keep a regular check on the biopsy site.
- Shower no sooner than 24 hours after the procedure, and bath no sooner than 48 hours after the procedure.

Please rest at home for a minimum of 24 hours. Do not go to work or school on the day after the procedure. Always follow the advice and instructions that the doctors and nurses have given you.

Finally

The pictures taken during the examination are studied carefully and a detailed report is produced. The results will be sent to the person who referred you for the test. They will discuss the results with you and any treatment you may need.

You may already have an appointment with the team who referred you. If not, please contact them to arrange one to discuss the results of this test.

If you have any further questions, please do not hesitate to call the Radiology department via the number given on your appointment letter.

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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