

MCRG Interventional Radiology Patient Discharge Education Instructions Following Abdominal Biopsy

What is an Abdominal Biopsy?

A biopsy is done to remove tissue or cells from the body to examine under a microscope. The tissue sample is removed with a needle to check for cancer or other abnormal cells. It can also help to check how well an organ is working. If your healthcare provider wants to sample a specific organ or area of the abdomen, the biopsy may be guided by ultrasound, fluoroscopy, or computed tomography. An abdominal biopsy may be done on an outpatient basis or in a hospital. It may be done in a procedure room, in a hospital bed, or in the radiology department. Procedures may vary depending on your condition and your healthcare provider's practices.

Needle biopsy of the Abdomen.

After an anesthetic is given, the healthcare provider inserts the biopsy needle into the abdominal tissue area of interest to get a sample of the tissue. Ultrasound or computerized tomography (CT scan) may be used to guide the needle. Most abdominal biopsies are done using this technique.

Why might I need an abdominal biopsy?

- Diagnose a problem that can't be otherwise identified;
- Obtain a sample of tissue from an abnormality found by an imaging study;
- Determine the severity of disease — a process called staging;
- Help develop treatment plans based on the abnormal condition found;
- Determine how well treatment for a disease is working.

Your doctor may recommend an abdominal biopsy if you have:

- Abnormal test results that can't be explained.
- A mass (tumor) or other abnormalities in your abdomen as seen on imaging tests.
- Ongoing, unexplained fevers.

There may be other reasons for your healthcare provider to advise an abdominal biopsy.

What are the risks of an abdominal biopsy?

As with any procedure, complications can happen including:

- Bruising and discomfort at the biopsy site;
- On-going bleeding from the biopsy site, in the urine, or inside the body;
- Puncture of nearby organs or structures;
- Infection near the biopsy site.

If the biopsy is done with the aid of X-ray, the amount of radiation used is small. Therefore, the risk for radiation exposure is low.

If you are pregnant or think you may be, tell your healthcare provider. Talk to your healthcare provider about the risks to the fetus from being exposed to an X-ray. Pregnancy is not always contraindication for having an abdominal biopsy. It may be important to maintain the health of the mother. Special precautions may be taken to protect both the mother and the fetus during an abdominal biopsy.

You may not be able to have an abdominal biopsy if you have an active infection, certain bleeding conditions, uncontrolled high blood pressure, or currently taking certain blood thinning medications.

There may be other risks depending on your specific medical condition. Be sure to raise any concerns with your healthcare provider before the procedure.

What happens after the abdominal biopsy?

Your recovery will vary depending on the type of procedure done and your healthcare provider's practices. You may be taken to the recovery room and watched closely as any medication used for the procedure wears off. Once your blood pressure, pulse, and breathing are stable and you are alert, you may be discharged to your home or taken back to your hospital room.

You will be asked to lie in your bed for one to several hours. A nurse will check you for signs of bleeding. You may have other tests to check for internal bleeding. You may be discharged later the same day or the next day. If you had a sedative or anesthetic, plan to have someone drive you home.

The biopsy site may be tender or sore for several days after the biopsy. Take a pain reliever for soreness as advised by your healthcare team. You will need to avoid aspirin or certain other pain medicines that may raise the chance of bleeding. Be sure to take only recommended medicines.

Diet:

You may get back to your usual diet unless told otherwise.

Activity Guidelines:

Generally, you will need to take it easy for the first day or two after you get home. You may feel tired and/or weak the day after the procedure. Take walks around your house and plan to rest during the day.

- Do not strain during bowel movements for the first 3 to 4 days after the procedure to prevent bleeding from the abdominal biopsy site.
- Avoid heavy lifting (more than 10 pounds) and pushing or pulling heavy objects for the first 5 to 7 days after the procedure.
- Do not participate in strenuous activities for 5 days after the procedure. This includes most sports - jogging, golfing, play tennis, and bowling. Do not do any other type of "bouncing" activities, such as aerobics or horseback riding for 5 days after the procedure.
- You may climb stairs if needed, but walk up and down the stairs more slowly than usual.
- Gradually increase your activities until you reach your normal activity level within one week after the procedure.

Medications:

- Please review your medications with your nurse before you go home.
- If you have diabetes, your doctor may adjust your diabetes medications for two days after your procedure. Please be sure to ask for specific directions about taking your diabetes medication after the procedure.

Fluid Guidelines:

Be sure to drink eight to ten glasses of clear fluids (water is preferred) to flush any contrast material used for the procedure from your system.

Return to Work:

Most people are able to return to work within 1 to 2 weeks after an interventional procedure. Your primary doctor will provide specific guidelines about returning to work.

Resume Sexual Activity:

No sexual activity for one week after the procedure. Then you may gradually increase your activities until you reach your normal activity.

Resume driving:

Most people are able to resume driving within 24 hours after going home.

Follow Up:

You will have a follow-up appointment 8 weeks after placement to see when your IVC filter can be removed.

Call Interventional Radiology if you have:

- Fever over 101°F.
- Blood in your urine or stool;
- Inability to urinate;
- Fever and/or chills;
- Redness, swelling, bleeding or other drainage from the biopsy site;
- Increased pain around the biopsy site or elsewhere;
- Feeling faint.

Interventional Radiology Contact Information

Office Hours 8:00 am - 5:00 pm

Non-emergent questions:

Phone: (407) 649-6823 Fax: (407) 246-0374

Email: IRSupport@MCRG.com – *non urgent concerns only*

IR Clinic Scheduling:

Phone: (321) 841-8104 Fax: (407) 649-7873

Email: IRSupport@MCRG.com – *non urgent appointment requests only*

For all Urgent issues:

On nights and weekends for immediate concerns you may

Page the Interventional Radiologist at:

(321) 841-8122

Or call your Doctor.