

Lung Biopsy Information

Radiology

Patient Information Leaflet

Information for patients having a lung biopsy

What is a lung biopsy?

A lung biopsy involves taking a small sample of lung tissue. A pathologist will view it under a microscope to make a specific diagnosis. It is vital information for determining treatment.

Preparation

Before a lung biopsy, we first carry out some simple blood tests to ensure that there is not an increased risk of bleeding after the biopsy. You will be advised to stop taking any medications that might cause an increased risk of bleeding (for example Aspirin, Clopidogrel or Warfarin). You will be asked to sign a consent form prior to the procedure by the radiologist (x-ray doctor) who will perform the biopsy.

How is it performed?

The biopsy is usually performed on an outpatient basis. A CT (Computed Tomography) scan will be performed to precisely localise the abnormality in the lung. You may be asked to lie on your back, on your front or on your side depending on where the abnormality in the lung is. You must lie still throughout the procedure which usually takes about 30 minutes.

The skin will be cleaned and local anaesthetic is used to numb the skin and tissue below. A thin needle is inserted into the lung and images are acquired to confirm the needle is in the correct position. A slender core of tissue is then removed.

What are the possible complications?

The procedure may be uncomfortable but shouldn't be too painful.

A pneumothorax (where the lung deflates) can develop in about 1 in 5 cases. If this happens, you may need to stay in hospital overnight or sometimes longer. In approximately 3% of patients a tube may be inserted into the chest to allow the lung to re-inflate.

Bleeding can sometimes occur around the ribs or in the lung. Approximately 5% of patients may cough up blood after the biopsy. This is usually only a small amount and could occur shortly after the biopsy is taken.

Occasionally patients may cough larger volumes of blood.

There is a very tiny risk of air entering the bloodstream (around 0.07%) which could potentially cause a heart attack or stroke. A large audit of lung biopsies in the UK showed a death rate of 0.15% for lung biopsies (1 in 667 patients).

Occasionally it may not be possible to take a biopsy for technical reasons. Sometimes even when a biopsy is taken from the correct area it is not always possible for the pathologist to make a confident diagnosis. In such cases the referring doctor will discuss the next options at your next outpatient appointment.

What will happen afterwards?

You will be closely observed by the nurses for several hours. You will have a chest x-ray 4 hours after the biopsy to check for complications. If you remain well after this time and the chest x-ray is satisfactory, you will be discharged, providing there will be somebody at home to take care of you overnight.

What happens when I get home?

You should rest for the first 24 hours and refrain from driving, exercise, heavy lifting etc. You should not fly in an aircraft for 6 weeks. You should stay off work for 48 hours. If you feel light-headed, cough lots of blood or have difficulty breathing or worsening pain/tenderness at the site of the biopsy you should return to the nearest hospital emergency department.

How and when will I get the results?

It usually takes up to 7 days for the results to be processed. You should be given the results by the referring doctor. If you haven't heard anything within 2 weeks of having biopsy, you should contact the referring doctor via the hospital switchboard (01524 65944).

Leaflet Details

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Evidence

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

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NHS Quit Squad - **0800 328 6297**

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