STOKE MANDEVILLE HOSPITAL
PATIENT INFORMATION:

Having an image guided lung biopsy

Your doctor has advised that you need a test called a lung biopsy. This leaflet covers some common questions which people ask in relation to the biopsy. It is likely that you are having the lung biopsy done as a pre-planned procedure, and you should have plenty of time to discuss it with your consultant, the radiologist who will be doing the lung biopsy, and perhaps even your own GP before you sign the consent form.

What is a lung biopsy?
A lung biopsy is a procedure aimed at taking a small sample of an abnormal area of lung with a fine needle, without having an operation.

Why do I need it?
Your doctor has seen a shadow on your chest X-ray which needs further investigation. More information is needed in order to help them decide on the correct treatment - in your case from a lung biopsy.

Who will be doing the lung biopsy?
A Radiologist who has special expertise in using x-ray equipment and also in interpreting the images produced.

Will it hurt?
You are given local anaesthetic which is injected into the area to be sampled. It will sting to start with, and then the skin and deeper tissues should feel numb. After this, the procedure should not be painful. If the procedure does become uncomfortable, you will be able to let the staff know so that they can take appropriate action. Some people have pain afterwards, once the anaesthetic has worn off. If you do, you can take a painkiller like paracetamol.

How long does it take?
It is usually a quick procedure, but may take up to 30-45 minutes.

Can I eat and drink before the test?
You may have a light meal before the test – some tea and toast for example.

Do I take my tablets on the day of the test?
Yes, generally. The doctor you saw in the clinic will have checked your medicines with you. Please ask if you should take them.
If you are taking medicines which thin the blood these have to be stopped before the test
- Aspirin for 5 days before the biopsy
- Clopidogrel (or Plavix) for 7 days before
- Warfarin: we will discuss specifically for how long with you individually
  - Certain medications for diabetes such as Metformin will need to be stopped 2 days before the biopsy
  - If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, or have an iodine allergy; you must tell your doctor about this.

What does the test involve?
The radiologist will use an x-ray, CT or ultrasound machine to help locate the abnormal area in the lung as accurately as possible and decide exactly where to take samples from. You will be asked to lie on the trolley on your front or back depending on where the biopsy is to be taken from. You will then be given an injection of local anaesthetic to make the area numb. Once the area is numb, a needle is introduced into the lung, checking the needle position with a scan each time it is moved. Every time you have a scan taken you will be given breathing instructions to follow; you may be asked to shallow breathe or hold your breath. It is also important that you try not to cough during the procedure. When the biopsy is taken you may hear a ‘click’, or feel the radiologist moving the needle around. The radiologist will check to see that an adequate sample has been obtained; if this is the case the procedure is finished. If a further sample is required; it can be taken at this time. The samples are then sent to the laboratory and are examined under the microscope by a specialist called a Pathologist.

What happens afterwards?
You will be monitored by the Nurses in the X-ray department recovery room who will perform pulse and blood pressure measurements. You will have a chest x-ray about 1 hour after the biopsy to check that no complications have developed.

Can I go home after the procedure?
Most people are able to go home after a few hours, but someone else must drive you home after the test and there must be someone to stay with you at home overnight. Occasionally it may be necessary to admit you to hospital the day before, or even after the procedure, so please bring an overnight bag with you. You should be able to drive again the next day if you feel all right.

Are there any problems flying in an aircraft after a biopsy?
You should normally not fly for 6 weeks. If you wish to fly in less than 6 weeks please discuss this with your doctor.

What are the risks of having a lung biopsy?
It is quite common for a little air to leak into the space between the lung and the chest wall during the biopsy causing some ‘collapse’ of the lung; this is called a pneumothorax. This may happen in 30–40 per cent of cases but is usually small, does not cause any problems and does not require any treatment. Rarely (in about 2 out of 100 procedures) a larger amount of air leaks out, causing a big pneumothorax. If that were to happen then it would be treated by putting a tube into the chest to let the air out and this would require a stay in hospital for a day or two. It is quite normal to cough up some streaks of blood at the time or for a day or two after the procedure. Very rarely, significant bleeding can occur. We minimise this risk by making sure your blood clotting tests are normal before the test.

Will there be any side effects after the biopsy?
Most people have no problems. If you suddenly become short of breath, have severe chest pain, or cough up large amounts of blood, you should go to the Accident & Emergency Department at the hospital straight away, don’t go to your GP.

When do I know the result?
The results will not be available until your follow up appointment, (or during your hospital stay if you are an inpatient), as biopsies can take 2-3 days to process.
When can I go back to work?
You should be able to go back to work the day after the lung biopsy unless advised otherwise.

Who can I contact if I have further questions before or after the test?
You should contact the chest office at Stoke Mandeville Hospital on 01296-315686 or 01296-315662. If there is no answer please do leave a message on the answerphone and someone will get back to you.

Reducing Infections
Infection control is important to the well being of our patients and, for that reason, we have infection control procedures in place.

Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you and anyone visiting you use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming into and after leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

For infection control purposes and to keep safe and well visitors are requested not to:

- Visit you if they are unwell
- Sit on your bed or use the patient toilets
- Touch your wounds, or any medical devices, drips or catheters.

Can you help us?
SCANNAPPEAL purchased much of the specialist equipment in the Trust’s hospitals and is now raising funds for equipment for the early detection of lung cancer, via the CANCER FIGHTING FUND to help patients in this unit. If you would like to support their work, please ring 01494 727752 or email: info.scannappeal@buckshosp.nhs.uk or visit the website: www.scannappeal.org.uk

CANCER FIGHTING FUND – PROVIDING NEW TECHNOLOGY FOR LOCAL PATIENTS