聖保祿醫院
St. Paul's Hospital

Procedure Information Sheet - Renal Biopsy

Introduction

Renal biopsy is done to establish the type of renal disease and its seriousness so that appropriate treatment can be given.

Procedure

1. The procedure is performed under local anasethesia.
2. The patient shall lie in a prone position; his/her back arched up with pillow tucked beneath his/her head and chest (1-2 pillows).
3. The kidneys are located by ultrasound scanning.
4. Local anaesthesia is performed to the back of the patient, small incision is made.
5. Guided by ultrasound scan, insertion of a needle through the incision into the kidney for tissue collection.
6. Patient has to hold the breath during the procedure as instructed by the doctor.
7. Patient remains conscious throughout the procedure which can be completed smoothly with patient's cooperation.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Blood taking for laboratory test to ensure the safety of the procedure.
3. Skin cleansing and sterilization. Removal of hair in the lumbar region if necessary as instructed by your doctor.
4. Fasting 4-6 hours before the procedure.
5. Analgesic or tranquilizing drug may be administrated to patient according to doctor's instruction 30 minutes before the procedure.
6. Patient learns how to inhale and exhale deeply so that he/she can hold the breath in an exhaling state.
7. Change to operation attires and remove loose objects (e.g. dentures, jewelry, contact lens etc.) and empty bladder before surgery.

Possible risks and complications

- Death: occurrence rate: < 0.1%.
- Mild haematuria: So mild that it is invisible to the naked eye but can be detected with a microscope or test paper. Occurrence rate: 100%. No obvious symptoms and not serious.
- Serious haematuria: Occurrence rate: 3-5%. Condition usually improves in 24

hours or may last for few days.

- Perinephric haematoma: Occurrence rate: 90%. No clear symptoms. Heals in 2-3 months.
- Anomalous arteriovenous fistula: Occurrence rate: 15-18%. No clear symptoms and not serious. Heals in 2-10 months.
- Other rare complications: Perforation of another organ such as the intestines and spleen, pneumatothorax and wound infection.

Rare complications

- Bleeding is the most common and more serious type of complication, and there are cases when blood transfusions are needed. If bleeding is uncontrollable, a surgical operation will be needed to stop it (occurrence rate: <0.2%).
- For more serious cases, surgical kidney removal is necessary (occurrence rate: 0.06%).

Post-operative information

A. *Hospital care*

1. Dressing and covering with pressure bandage on the wound after the procedure is to prevent bleeding.
2. Patient shall lie down on his back and remain bed-rested for at least 24 hours to minimize the risk of bleeding. He/she should avoid vigorous body movement.
3. Nurses will check the patient's blood pressure and urine frequently in order to early detection of the blood loss or profuse bleeding.
4. Patient should drink more water (at least 2 liters daily) to prevent from urinary obstruction except for some special cases.

B. *Home care after discharge*

1. Patient avoids any vigorous physical exercise or activity during the first two weeks to prevent secondary bleeding. He/she should keep the abdomen free from pressure (do not cough or sneeze if possible).
2. Contact your doctor if persistent lumbar pain, haematuria, dizziness, any signs of bleeding or fever (body temperature above 38℃ or 100°F) etc.
3. Follow up on schedule as instructed by your doctor.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: *http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html*

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. ________________. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: ______________________

Patient / Relative Name: _________________________

Relationship (if any): ____________________________

Date: ____