

## What is it?

A liver biopsy is a medical prodecure whereby a small piece of the liver is removed via a needle.

### Who is it for?

Liver biopsies are done to establish the diagnosis of many different liver diseases. It may may help establish the cause of liver dysfunction or assess the degree/stage of liver cirrhosis. It may also help diagnosis cancer that has arisen from, or spread to, the liver.

#### How is it done?

A liver biopsy is usually done under sedation in an operating room with specialised medical imaging equipment.

Most of the time, a liver biopsy is done through the abdominal wall. Your interventional radiologist will do an ultrasound scan of your liver first to assess where the biopsy needs to be take from. Local anaesthetis will then be infiltrated under the skin down the the surface of the liver. A small incision will then be made, and a needle passed into the liver under ultrasound guidance. Through this needle, severel biopsies may be taken.

Less commonly, a biopsy may sometimes be taken by passing a biopsy instrument into the liver via the jugular vein (vein at the base of the neck).

### What are the risks?

Your interventional radiologist will discuss the risks and complications of this procedure with you beforehand in detail, however some risks include:

- pain
- bleeding (1-2%)
- injury to surrounding organs (<1%)

#### How will I feel afterwards

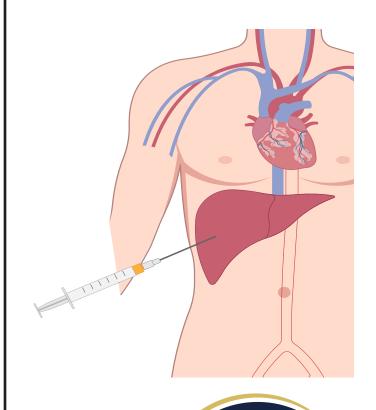
It is normal to feel some discomfort over the biopsy site for a few hours after the biopsy, and sometimes this can extend to the tip of the shoulder. You will be given some pain relief to manage this.

You will be asked to wait in the recovery bay for 4 hours after the biopsy is taken.

Please arrangement transport, as you should not drive for 24 hours after a sedation. Any strenuous activity or lifting should be avoided for 5 days.

# Follow up

The results of the biopsy will be sent to your specialist, who will discuss these with you. You do not need any other follow up with your interventional radiologist.



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