

INFORMED CONSENT PROCEDURE: LIVER BIOPSY

IMPRINT AREA

A liver biopsy is a test to obtain liver tissue for microscopic examination. It is performed in a wide variety of illnesses when it is important to have specific information about what is happening in the liver. The reasons for doing a liver biopsy depend on the situation, so please discuss these with your doctor.

During the week before the biopsy do not take any aspirin. You will be asked to lie flat and place your right arm behind your head. The doctor will clean the area on the right lower side of your chest over the liver. He will then numb the area with a local anesthetic. He will ask you to hold your breath and not move while he places the needle into the liver and withdraws a small core of tissue which remains trapped inside the needle. The actual biopsy lasts about one second. It is very important that you not move or breathe during the biopsy. Afterwards, bedrest and blood pressure measurements are ordered. When the doctor feels you are stable, you may go home.

Most patients feel some discomfort which lasts a moment or two. Some patients have a persistent ache for a few hours, which can be controlled with medications. Bad pain is rare, but this also can be treated.

Although this procedure is usually safe and performed without difficulty, like any procedure there are complications that may occur. These are unusual but you should be aware of them. Bleeding can occur rarely. Sometimes it can require transfusions or surgery to correct. Leakage of bile into the abdomen, leakage of blood or air into the chest, medication reaction, shock, perforation of the intestine, or development of a communication between an artery and a vein in the liver can occur, but are unusual. Deaths have been reported but are extremely rare.

Although no procedure is absolutely safe, liver biopsy can provide valuable information for the treatment of liver problems.

If you have any questions, please ask your doctor before signing this consent form.

My signature below indicates that I have read and understand the information above, that my questions have been answered, and that I agree to have a liver biopsy.

PATIENT SIGNATURE	DATE & TIME
PARENT OR GUARDIAN	DATE & TIME
COUNSELING PHYSICIAN	DATE & TIME
WITNESS	DATE & TIME