Patient Information

Kidney Biopsy

This information leaflet will help you if your doctor advises you to have a kidney biopsy, also called a renal biopsy. Please read it as it is important to understand the procedure and risks involved before you sign the consent form.

What is a renal biopsy?
A renal biopsy is a test used to investigate kidney disease. A small sample of kidney is taken using a needle and sent to the pathology laboratory where it will be looked at in detail under a microscope.

Preparation
On arrival at the hospital, you will be shown to your bed. You will be seen by a nurse and a doctor who will ask you some questions and examine you. This is to ensure your medical condition has not changed since you were seen in clinic. A blood test and urine sample will also be taken. A small cannula (needle) will be inserted into a vein in your hand. You will then have the opportunity to ask questions before you sign the consent form.

- Swabs will be taken from your nose and throat to test for MRSA.
- Blood pressure, pulse and temperature will be checked.
- You will usually have a blood test before the biopsy to test how well your blood is clotting.
- A urine sample will be taken.
- We recommend that you do not eat two hours prior to the procedure, but you may continue to drink freely.
- If you are taking any of the following drugs, please discuss with a doctor on the kidney unit at least 10 days before the biopsy. These drugs will need to be stopped but an alternative medication may be required to prevent complications during this period.
  - **Aspirin** should be stopped 7 days before the biopsy
  - **Clopidogrel** should be stopped 10 days before the biopsy
  - **Warfarin** should be stopped 5 days before the biopsy
  - **Rivaroxaban** should be stopped 2 days before the biopsy
  - **Apixaban** should be stopped 2 days before the biopsy
  - All other medications should be taken as normal including on the day.

The test
Some kidney biopsies are carried out in the X-ray Department by a radiologist, but often they are performed by the nephrologist on the Renal Day Case Unit.

You will be asked to lie on your front unless you are a kidney transplant recipient, in which case we will ask you to lie on your back. Usually only one kidney is biopsied. The skin over your kidney will be cleaned with antiseptic and the skin and muscle will then be injected with local anaesthetic. This may sting slightly and then make the area numb.

The biopsy is then taken with a special needle. This should not be painful, but you may feel some pressure on your back at this point. It is usually necessary to repeat the biopsy two or three times to ensure enough kidney tissue is taken.

After the test
You will return to the ward after the biopsy has been taken. You will have to lie flat for 2 hours, and then remain in bed for a further 4 hours after the procedure. Your blood pressure and pulse will be measured frequently.

- You may wish to bring a book or MP3 player with you.
- You may need to stay in hospital overnight. However, if the biopsy is done early, you may be able to go home. An overnight bag should be packed just in case.
- You may wish to bring a packed lunch with you.
Risks

While serious complications are uncommon, in a small number of cases there may be some bleeding from the biopsy site. Your urine may be slightly blood stained or ‘rosé’ coloured, this is usually minor and soon stops, very occasionally the bleeding is more severe.

There is a very small risk of infection in the wound after the biopsy.

Pain

It is common to experience a dull ache as the local anaesthetic wears off. Paracetamol, up to 8 tablets a day, can be taken for the discomfort. If the pain persists or is severe, you must contact your doctor.

Bleeding

The kidney has a rich blood supply and therefore you may experience some bleeding following your biopsy. This may occur in about 3 in 100 biopsies and then settles without any treatment. More severe or prolonged bleeding may require the following:

- Requirement for blood transfusion in 1 in 100 cases.
- Requirement for further X-Rays such as an angiogram and then treatment (embolisation of the kidney) to control bleeding in 1 in 500 cases.
- Requirement for the kidney to be removed in less than 1 in 2000 cases.
- There is a risk of death from the biopsy but this is very rare.

On discharge

- We recommend that you do not drive for 24 hours after your biopsy.
- You should avoid exercise and heavy lifting for 48 hours.
- You may return to work the next day if you work in a non-physical job, but may need longer off work if you have a physically demanding job (speak to your GP).

You should seek immediate advice on 01392 402515 or 01392 402591 if you experience the following:
- your urine becomes more blood stained;
- there is continual bleeding from the wound site;
- your biopsy site becomes red or angry;
- you develop a fever or temperature;
- the biopsy is still painful after 3 days.

If you experience severe pain, dizziness and/or fainting following your biopsy you should phone an ambulance immediately on 999.

Results

The results of the test will not be available immediately. Your nephrologist will either contact you at home or organise a clinic appointment to discuss your results.

If you have any questions, please ask the nurse or doctor who will see you before the test.

Benefits

Your specialist, GP and yourself will know the diagnosis and treatment can then be discussed. In some cases we might be able to indicate the progress (likely progression) of your kidney problem.

Alternatives

If a biopsy is not taken, you may end up taking treatment that is not necessary, or has risks. Sometimes it is possible to be treated without a biopsy, but it is only recommended if it is felt that the information will help your case.

References

- National Kidney Foundation 2011 Kidney Biopsy www.kidney.co.uk
- St Thomas Audit 2007 Renal Biopsy Complications

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