

ASCENSION ST VINCENTS CHEST BIOPSY PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- An image-guided mediastinum, chest wall or biopsy or aspiration is performed to obtain a sample from a chest lesion identified on imaging.
- During the procedure, a radiologist uses CT imaging to precisely target the lesion. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For a biopsy, a small needle is used to obtain several tissue samples from the area. These samples are sent to the laboratory for testing.
- For an aspiration, a small needle is used to obtain a cell or fluid sample from the area. The sample is sent to the laboratory for testing.
- The procedure usually takes 30–60 minutes (sometimes longer). You will then be observed for several hours to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Imaging allows the radiologist to precisely target the chest lesion.
- Provides an accurate, minimally invasive way to obtain tissue or fluid for diagnosis.
- Helps determine whether a lesion is benign (not cancer) or malignant (cancer).
- May avoid the need for more invasive surgical procedures.
- Uses small needles and does not require stitches.
- Most patients tolerate the procedure well and resume normal activities shortly afterward.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Air can leak from the lung into the surrounding space, causing lung collapse (pneumothorax). Many mild cases are managed with observation and chest radiographs, while some require temporary placement of a small tube to remove the air and may require hospitalization.

- Coughing up blood (hemoptysis) is uncommon. It is usually mild and resolves without treatment. More serious hemoptysis that requires medical treatment is rare.
- Blood collecting in the chest cavity surrounding the lung (hemothorax) can occur but is uncommon and may require additional treatment or hospitalization.
- Inaccurate or inconclusive results can occur. This may include results showing no cancer when cancer is present or suggesting cancer when it is not. In some cases, a repeat procedure or surgical biopsy may be needed.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Surgical biopsy, which involves removing tissue in the operating room and is more invasive, requires stitches, and involves a longer recovery.
- Imaging follow-up (observation), where your provider may recommend repeat CT scans instead of immediate biopsy.
- No further evaluation, which some patients choose; however, this carries the risk of missing or delaying a cancer diagnosis and is generally not recommended.

Aftercare Instructions:

- A bandage will be applied over the procedure site. You may remove the bandage 24 hours after your procedure.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; coughing up an increasing amount of blood; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; or a faster-than-normal heart rate. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.

How Do I Receive Procedure Results?

- Results are typically available within 5 business days (sometimes longer).
- Please contact your ordering provider's office to obtain results and follow-up instructions.