

# ASCENSION ST VINCENTS

## TRANSJUGULAR LIVER BIOPSY PATIENT HANDOUT

### **Radiologist who performed your procedure:**

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### **Procedure Description:**

- An image-guided transjugular liver biopsy is performed to obtain small tissue samples from the liver to help diagnose or monitor liver disease. This approach is commonly used in patients who have bleeding risks, ascites, or other conditions that make a standard percutaneous (through the skin) liver biopsy less safe.
- During the procedure, a radiologist uses ultrasound and X-ray and ultrasound imaging to place a small catheter into a vein in the neck (jugular vein) and guide it through the blood vessels to the liver. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A special biopsy device is advanced through the catheter, and several small liver tissue samples are obtained from inside the liver. The catheter is then removed, and pressure is applied to the neck site to reduce bleeding. A bandage is placed over the site. The samples are sent to the laboratory for testing.
- The procedure usually takes 30–60 minutes (sometimes longer). You will then be observed for a period of time 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:**

- Allows liver tissue sampling in patients who are not good candidates for standard liver biopsy.
- Reduces the risk of bleeding into the abdomen because the biopsy is performed through the veins.
- Imaging allows the radiologist to precisely target the liver.
- Minimally invasive procedure performed through a small neck vein access.
- Provides important diagnostic information to guide treatment.
- Most patients tolerate the procedure well and return to 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.
- Irregular heart rhythm can occur briefly while instruments pass near the heart and usually resolves on its own.

- Inaccurate or inconclusive results can occur. 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:**

- Percutaneous liver biopsy in patients who do not have increased bleeding risk or significant ascites.
- Endoscopic ultrasound–guided liver biopsy in select cases.
- Blood tests and imaging studies (such as ultrasound, CT, MRI, or elastography) to evaluate liver disease, although these may not provide definitive diagnosis.
- Medical management and clinical monitoring, depending on the condition being evaluated.
- Some patients choose no further evaluation; however, this may delay diagnosis or treatment and is generally not recommended.

### **Aftercare:**

- A bandage will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- 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 procedure 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; 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?**

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