INFORMATION AND CONSENT FOR IMAGE GUIDED KIDNEY BIOPSY

You have been diagnosed as having kidney disease. In order to determine the cause of your kidney disease, your doctors are asking you to have a renal biopsy. In addition to guiding therapy, the results of the biopsy may also help your doctors learn more about the future course of your disease.

A renal biopsy is performed by placing a needle, through the back, into the kidney, and removing two or more small pieces of tissue, which can be examined under the microscope. The procedure is usually performed in the radiology suite, since the placement of the needle is guided by either sonography (sound waves) or by CT Scan. Prior to the biopsy, you may be given an injection of pain reliever and a sedative to help reduce any pain or anxiety associated with the procedure. During the biopsy, you will lie on your stomach and one side of your back will be cleaned with an antiseptic solution. Then a small area will be numbed with lidocaine (you should notify your doctor if you have ever had an allergic reaction to local anesthetics such as Novocaine). After the biopsy, you will be returned to your room and you will be asked to remain in bed, where you will be carefully monitored, until discharge.

In over 90% of biopsy attempts, adequate kidney tissue will be obtained. The most frequent complication of a biopsy include pain and hematuria (blood in the urine). Most patients describe soreness rather than pain, but an analgesic will be available if pain is experienced. Blood, visible in the urine, occurs in up to 10% of biopsies and usually clears without treatment within 24 - 48 hours, but in rare instances, may persist for 2 to 3 weeks. In approximately 1% of cases, bleeding may be sufficient to cause a drop in blood pressure or cause anemia. This may require the administration of intravenous fluids or blood. Surgery, to repair a tear or to stop persistent or massive bleeding is required in less than 1 per 500 biopsies and in less than 1 per 2000 cases is it necessary to remove the kidney. Other uncommon complications include puncture of other organs (liver, spleen, bowel) or the creation of a fistula (a connection between an artery and vein). Fistulae rarely cause any symptoms and generally disappear without treatment.

There are no known risks to having the ultrasound test for localizing the kidney. To minimize the risk of bleeding, patients should not take any products containing the following medications for seven (7) days prior to this procedure: aspirin, ibuprofen (Motrin, Advil, etc.), other non-steroidal anti-inflammatory drugs (NSAIDS’s), Plavix, Ticlid, Coumadin (Warfarin), or Lovenox. IF YOU NEED TO BE ON ANY OF THESE MEDICINES, PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN PRIOR TO STOPPING THEM.

The alternatives to having a needle biopsy of the kidney are to have the biopsy performed surgically, using general anesthesia, or not to have the biopsy at all. If you decide not to have a biopsy, your doctors will attempt to give you the best possible treatment, but it is conceivable that without the information provided by a biopsy that the results of treatment will be less than optimal.
Consent for Image Guided Kidney Biopsy:

I agree to undergo **IMAGE GUIDED KIDNEY BIOPSY**. I understand the risks, benefits and alternatives to the procedure and agree to undergo the procedure.

X_______________________________  (Patient or Agent)  (Date)  (Time)

X_______________________________  (Witness)  (Date)  (Time)

X_______________________________  (Physician/Physician Assistant)  (Date)  (Time)