INFORMATION AND CONSENT FOR LIVER BIOPSY

Your doctor has referred you for a needle biopsy of the liver. A Radiologist or a Physician Assistant performs this procedure and with ultrasound guidance, the biopsy needle is directed just inside the liver capsule a specimen obtained. This procedure is usually ordered for one of the following reasons:

1. Assess the liver in patients with Hepatitis B & C prior to initiating medical therapy usually with interferon.
2. Evaluate for liver injury secondary to various medicines, (methotrexate) or other toxins.
3. Evaluate the liver in patients with otherwise unexplained abnormalities of liver function tests.
4. Evaluate possible tumors.

This test carries some potential risks, and therefore, is performed only when clearly indicated. The most significant risk is internal bleeding. This occurs infrequently, but can be severe enough to require hospitalization and blood transfusions. Rarely, bleeding can be severe as to require a minor or major surgical procedure for control. 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), 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.

In addition, prior to undergoing liver biopsy, tests of clotting function will be obtained.

The second major risk of this procedure is an injury to the liver itself or the inadvertent puncture of another structure near the liver. Both of these are rare complications. If you have further questions regarding them, we will be happy to discuss them with you.

Finally, if you desire or require any sedatives during the procedure, these carry a very small risk of over-sedation. Consequently, we administer such medicines only if needed.

If you have any other questions regarding this procedure we would be happy to discuss them with you before or at the time of your procedure.

Consent for Liver Biopsy:

I agree to undergo LIVER BIOPSY with imaging guidance. 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)