
California Advanced Gastroenterology

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Preparation for Percutaneous Liver Biopsy

You have been scheduled for a liver biopsy. There is no better way to assess the health of, and conversely, the damage to, the liver than to directly visualize a specimen microscopically. Percutaneous (through the skin) liver biopsy is the most commonly selected means to obtain a tissue specimen, which in general is no wider than a pencil tip and approximately 1/2 to 1 inch in length.

The major indications for liver biopsy include diagnosis or exclusion of:

1. Active viral hepatitis (most often Hepatitis C, less often Hepatitis B). Followup biopsies over a period of years help define progression, response to treatment, etc.
2. Autoimmune hepatitis
3. Excessive deposition of iron, copper, fat or abnormal proteins.
4. Excessive scar tissue (including cirrhosis)
5. Liver rejection in patients with previous liver transplants
6. Toxic damage to the liver from medicines, chemicals and alcohol
7. Persistent, unexplained abnormal liver blood tests, CT scans or ultrasound studies
8. Benign or cancerous tumors (see below)

Most often, when a focal mass is suspected, biopsies are done as part of a CT or CAT scan, so that the needle can be directed precisely. The biopsies we are reviewing here are generally for patients with abnormalities that affect the entire liver.

Procedure: The biopsy is obtained by rapidly inserting a hollow needle into the liver, then quickly withdrawing--all over about one second. Leaving the needle in too long risks injury, since the liver moves up and down when we breathe. The entry site is on the right side (the picture above is for effect only!), between the ribs. The exam is done at a hospital or outpatient surgery center, which provides a sterile environment for cleaning the skin and injecting local anesthetics into the skin prior to the biopsy. An IV is started so that we can give sedation and if necessary, pain relievers. Remember, you will be asleep during the biopsy and will not feel the needle go in or come out!

After the exam, you'll remain for observation--usually patients are discharged home in 1-2 hours. Approximately 1/3 of patients have some local soreness or shoulder discomfort after the exam that resolves over a day or two--pain medicines will be prescribed.

Complications are quite rare, but possible. These include local or intraabdominal bleeding, inadvertent needle insertion into the colon, gall bladder or lung, infection, or adverse medication reaction.

Preparation: Laboratory studies to assess blood clotting may be done days to weeks before your biopsy. Please fast for 6-8 hours prior to your scheduled arrival time. Any blood thinning agents such as aspirin, anti-inflammatory medications, coumadin, or antiplatelet drugs must be stopped 5 days before the exam.

