



**Birmingham Children's Hospital
NHS Trust**

TRANSJUGULAR LIVER BIOPSY

Parents Information Leaflet

This information leaflet is available in large print and on computer Disk (it is also available in Braille, other languages and on audio tape on request). Please contact the Child and Family Information Centre on 0121 333 8505

TRANSJUGULAR LIVER BIOPSY

What Is A Transjugular Liver Biopsy?

A transjugular liver biopsy is a procedure carried out under general anaesthetic. It is carried out when a normal percutaneous (through the skin) liver biopsy cannot be carried out due to poor clotting as a result of liver disease. The biopsy is performed by a consultant radiologist under x-ray control through a small puncture site with a needle usually in one of the neck veins. A fine wire can be guided into the liver and the biopsy taken. It can then be examined under a microscope over the next few days or tested chemically in the hospital laboratory.

What are the benefits to your child in having a liver biopsy?

There are many different reasons for having a liver biopsy. Your doctor will discuss the benefits of this procedure in relation to your child's condition and reason for needing the biopsy. Generally it is to aid diagnosis of the condition causing your child's symptoms and to find out about the current scarring present if any in the liver. Consent will normally be discussed with you at this time and with your child if appropriate.

What are the risks of the Liver Biopsy?

Anaesthetics carry a risk, but these are very small. The anaesthetists are specialist doctors who are able to deal with any complication that happens under the anaesthetic. A child may feel sick and vomit afterwards, but this is very rare nowadays. Children may have a headache, sore throat, feel dizzy or maybe upset. These are usually short lived and can be easily treated.

There is a small risk of bleeding after a liver biopsy and this is why children are observed overnight after the procedure. This is the

period in which a bleed would show up. There is a small chance that the site can be infected. This generally only happens if the child has an immune problem. There is a small chance that a scar similar to a chicken pox scar may form.

What is the preparation for a Liver Biopsy?

Your child will normally come to the hospital the day before the procedure. This will be to have blood tests and possibly an ultrasound scan to show the position of the liver. Your understanding will be checked and verbal consent will be taken again and a written consent, if not previously taken. This is a good time to ask any further questions.

You will be told when to stop food and drink. This is at least 6 hours for solids and milk and 2 hours for clear fluids.

Your child may be given a sedative medicine to help them relax. This will be discussed with you. Ametop is applied (magic cream) on the ward and a cannula is inserted in theatre.

What does the biopsy involve?

The procedure takes place in the theatre area. You are welcome to accompany your child to the room.

A vein on the right side of the neck is used to make a small puncture site with a needle to allow the radiologist to pass a fine wire down past the heart into a liver vein. When the wire is in position a biopsy can be taken. Any bleeding is contained within the bloodstream. A dressing is put on the site after the wire is removed.

What Happens After The Liver Biopsy?

The nurse will check your child's pulse, breathing rate, blood pressure and the dressing over the puncture site. This will be done frequently and regularly in the first few hours.

Your child will be drowsy after the procedure. When your child is fully awake they can then start to eat and drink small amounts.

Your child may feel sore around the site of the puncture. Paracetamol will be given.

When Can Your Child Go Home?

Children should be able to go home on the day after the procedure.

What care will my child need at home?

Keep the site covered with a plaster for another day. You may give your child a bath the next day and remove the plaster. School or nursery can be restarted 2 days after the procedure. Your child should avoid sport or active games until they restart school.

If the puncture site continues to be sore normal doses of paracetamol can be given.

If your child complains of continuous pain around the puncture site or generally feels unwell, then please contact the hospital and ask to speak to the Liver Unit Registrar on call by ringing 0121 333 9999. If you have any other concerns, please do not hesitate to give us a ring on Liver Direct where an experienced nurse is available Monday to Friday 10.30 – 12.30. Messages can be left on the same number and will be answered the same day. (The service is available 10.30 – 12.30, 2.30 – 4.30. and 2.30 – 5.30 on Monday from April 2003).

When Will We Know The Results Of The Biopsy?

Your consultant will tell you as soon as the results are available, sometime in the following weeks. This may be at an outpatient clinic. However if there is a need to change your child's treatment before this time you will be contacted by a member of the Liver Unit.

Where Can I Get Further Information?

We hope this information will help you understand the procedure offered to your child. However it is not totally comprehensive so before you sign the consent form it is important that you talk to your hepatologist and ask questions.

Addition information may be available from the Liver Unit Liaison Nurse Team, Senior Nurses or Doctors on the Ward. There is also information to be found on the internet. Access can be obtained through the Child and Family Information Centre. This is on the ground floor of the hospital near the Welcome Desk.

The following information is from the BCH Consent, Tissue & Bodily Fluids Policy March 2004

Taking tissue samples

To help us find out what is wrong with your child, or how well the treatment is working, we may need to take tissue samples. The doctor will talk to you and your child about how and why the samples need to be taken.

What is a tissue sample?

Tissue samples are things such as:

- Very small pieces of skin, very small pieces of internal organs or lumps.
- body fluids, such as blood, urine and saliva.

Using spare tissue

We will never take more tissue than we think we need for the tests. But sometimes a little is left over when we have finished the tests. We might use this “spare” tissue to:

- check that the tests are done properly and give the right results (this is called quality assurance).
- find out how often people are having similar illnesses in the rest of the country (this is called the Public Health Surveillance for the national incidence of disease).
- or teach staff and students more about children’s illnesses and how we find out what is making them ill.

- do research to try to find out more about children's illnesses (this will only be done if our Research Ethics Committee agrees; it is their job to look after your child).

These things help us to know more about children's health problems, and make health care better for us all. We very much hope that you will not mind us using any spare tissue there might be.

Answering your questions

If you do not want us to use the spare tissue, blood or other body fluids in any of the these ways or if you have any questions, please speak to a member of staff looking after your child.

Thank you for your help

Please use this space to write down any notes or questions you may have