



PATIENT INFORMATION

TRANSJUGULAR LIVER BIOPSY (TJLBx)

This leaflet tells you about having a transjugular liver biopsy. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

WHAT IS A TRANSJUGULAR LIVER BIOPSY?

A liver biopsy is a procedure that involves taking a tiny specimen of the liver for examination under a microscope. In most cases, a liver biopsy is taken through the skin by passing a fine needle through into the liver.

A transjugular liver biopsy (TJLBx) is an alternative way of obtaining the liver specimen by passing the needle through the vein in the neck (jugular vein). This method is used in patients who have abnormal clotting of the blood or fluid collecting within the abdomen. This technique is to reduce the risk of bleeding after the biopsy.

WHY DO YOU NEED A TJLBX?

The doctors looking after you have decided that you need a liver biopsy to obtain more information about your liver problem. The information gained from the biopsy will help the doctors in the treatment of your condition.

ARE THERE ANY RISKS?

Transjugular liver biopsy is a safe procedure, but as with any medical procedure there are some risks and complications that can arise. The overall risk of a problem requiring further treatment is low (1–2%).

The main risk is bleeding after the biopsy. However, a TJLBx has a lower risk of bleeding than a conventional liver biopsy taken through the side of the abdomen.

WHO HAS MADE THE DECISION?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

ARE YOU REQUIRED TO MAKE ANY SPECIAL PREPARATIONS?

A TJLBx is usually carried out as a day case procedure under local anaesthetic. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water. You may receive a sedative to relieve anxiety, as well as an antibiotic. If your blood clotting is abnormal, you may be given special blood transfusions to try and correct this. If you have any concerns about having blood transfusions, you should discuss these with your doctor.

If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

WHO WILL YOU SEE?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

WHERE WILL THE PROCEDURE TAKE PLACE?

In the angiography suite or theatre; this is usually located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

WHAT HAPPENS DURING A TJLBX?

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm.

The procedure is performed using local anaesthetic and often sedation. The skin at the side of the neck will be swabbed and covered with sterile towels. The skin will be numbed with local anaesthetic. Once the skin is numb, a small tube (catheter) is inserted into the vein at the side of the neck. An X-ray machine is used to guide the catheter into the vein in the liver and then to guide the needle into the liver.

Usually, two to three biopsy specimens are taken.

WILL IT HURT?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. When the catheter is placed in the liver, you may get a dull ache in the right shoulder. This will go away once the tube has been removed. Some people feel a sharp pinch inside the abdomen as the biopsy is taken, but this will only last 1–2 seconds.

HOW LONG WILL IT TAKE?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about one hour altogether.

WHAT HAPPENS AFTERWARDS?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered. Assuming you are feeling well, you will normally be discharged the same day.

HOW WILL I GET MY RESULTS?

The biopsy specimens will be sent for examination. Once the results are available, your doctors will discuss these with you.

FINALLY

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

CONTACT

British Society of Interventional Radiology
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LEGAL NOTICE

This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists. Approved by the Board of the Faculty of Clinical Radiology: 25 February 2020

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