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**East Suffolk and
North Essex
NHS Foundation Trust**

Kidney biopsy

This leaflet tells you what to expect when having a kidney biopsy. Please read it carefully and ask your doctor any further questions you may have.

What is a kidney biopsy?

A kidney biopsy, also known as a renal biopsy, is a procedure to take a tiny piece (sample) of one of your kidneys (or your kidney transplant) for further examination. The sample is examined under a microscope to look at your kidney in greater detail. The amount of kidney taken during a biopsy is around half the size of a matchstick.

Why do I need a biopsy?

A renal biopsy will help to identify the cause of kidney disease. It allows a pathologist to look at your kidney to help identify the cause of the problem and help plan the best treatment for you. A biopsy is sometimes necessary to check the progression of your kidney disease or your response to treatment.

Where is it done?

The biopsy is done in the Radiology Department, Rushmere Day Unit or Brantham treatment room by a kidney specialist and/or a radiologist.

How long does it take?

The whole procedure takes around 30 minutes.

Before the procedure

An ultrasound scan of your kidney and blood tests to ensure your blood is clotting normally will be done on or before the planned procedure day.

You should tell your kidney doctor before the day of the biopsy if you are taking medication to thin your blood or make your blood less likely to clot. There are lots of medications that do this, but common ones are aspirin, clopidogrel, warfarin, heparin, dabigatran, apixaban, edoxaban and rivaroxaban.

These will need to be stopped before the day of your biopsy (usually a few days to one week beforehand). You will be given clear instructions about when you need to stop taking them and when to restart them after the procedure.

On the day of the procedure, your blood pressure will be checked to ensure it is not high, and a small plastic tube (cannula) will be inserted.

We will discuss the procedure with you again, and sign a consent form.



During the procedure

During a biopsy on your own kidneys you will usually be asked to lie on your front as your kidneys are nearest to your back.

The doctor will clean the area with antiseptic and then use an ultrasound machine to help insert the needle in the right place. Local anaesthetic will be injected – this may sting for a second or two before going numb. The doctor will then make a small cut (less than a centimetre long) in your lower back and insert the biopsy needle to take the sample. The kidneys move as you breathe, so the doctor will ask you to hold your breath for a few seconds whilst the sample is taken. You may hear a clicking sound as the sample is taken.

A biopsy of a kidney transplant is done the same way, but you will generally lie on your back and the doctor will do the biopsy close to the scar from your transplant operation. The doctor may need to take two or three samples of kidney in order to ensure that there is enough for analysis.

Once the biopsy has been taken, the doctor will put a watertight dressing over the cut to keep it clean whilst it heals.

After the procedure

Following your biopsy, it is important to rest on your back in bed for a minimum of six hours. The nurses will keep a close eye on your blood pressure and pulse. If you need to go to the toilet the nurses will give you a bottle or bedpan to use, so they can check whether there is blood in your urine. You should not get up until the nurses have told you it is safe to do so. You may need to stay overnight.

There may be some discomfort as the local anaesthetic wears off and this usually settles within a few days. It

is okay to take paracetamol for the discomfort, but do not take non-steroidal anti-inflammatory (NSAID) pain relief medication, such as ibuprofen or diclofenac, as these can damage your kidneys.

Risks and complications

The vast majority of kidney biopsies go without any problems. There are some problems which may occur:

- **blood in your urine:** usually this will stop by itself and needs no further action. You may have to stay in hospital a little longer until the doctors and nurses are happy the bleeding has stopped
- **blood transfusion:** if the bleeding is heavier or continues for a longer period, you may need a blood transfusion
- **procedure to stop the bleeding:** if the bleeding is particularly heavy or is not stopping, you may need an angiogram (special X-ray) to control the bleeding. A wire can be inserted into the top of your leg and threaded up to your kidney so that a doctor can stop the bleeding directly ('embolisation')
- **removal of the kidney or damage to other organs (very rare):** if the bleeding from the kidney cannot be stopped or another organ is damaged during the procedure, then you may need to have an operation to repair the damage. This may mean removing the bleeding kidney altogether
- **inadequate sample:** in some cases, the sample taken is not enough to make a diagnosis. Your kidney doctor may talk to you about repeating the biopsy if this is the case



- **pain:** you may experience some discomfort and pain after the procedure, you would be given some analgesics for this.

When will I find out the results?

The results of the biopsy will not be ready immediately and will usually be discussed at your next clinic appointment. If you do not have a clinic appointment, then let the nurses or kidney doctor know before you go home and one will be arranged. You may be contacted to come earlier once the results become available.

Discharge advice

- You should not drive or take public transport to get home and so you may need to arrange a lift home with a friend or family member.
- You may remove the plaster the following day.
- Avoid heavy lifting, contact sport or strenuous exercise for at least one week.
- You can bath or shower as normal but avoid using any talcum powder or lotion near the wound.
- You can restart aspirin or clopidogrel after one week or earlier if advised to do so.

Seeking medical advice

If there are problems after the biopsy, they usually occur whilst you are still in hospital, however when you go home it is important to seek urgent medical advice if:

- you have visible blood in your urine
- you are unable to pass urine
- you are having fevers (cold or hot sweats)
- you feel light-headed or dizzy
- any discomfort is worsening rather than getting better.

If you feel very unwell you should call 999 or go to your nearest Emergency Department.

Where can I find more information?

National Kidney Federation

A UK based charity, run by kidney patients for kidney patients.

Web: www.kidney.org.uk

The Renal Association

A professional group of UK renal community.

Web: renal.org/patients/information-resources/patient-information-leaflets

Kidney Research UK

A charity helping people with kidney disease.

Web: kidneyresearchuk.org

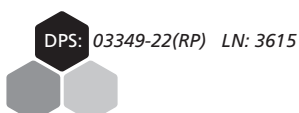
Six Counties Kidney Patients Association (SCKPA)

If you would like advice and support from patients with kidney disease and their families, SCKPA is a helpful group to make contact with.

Web: www.sixcountieskpa.org.uk

Please ask if you need this leaflet in an alternative format.

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