# Information for patients undergoing a liver biopsy

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Information protocol submitted by:

Date:

#### Dear patient

Please read these documents <u>immediately</u> upon receiving them. Fill in the questionnaire, if possible date and sign the documents on the day before the examination. If you have any questions, please contact your doctor or specialist (gastroenterologist).

You have been advised to have a procedure known as a undergoing a **liver biopsy**. Before the examination you'll receive the following:

- an information leaflet
- a questionnaire
- informed consent form

#### Information leaflet:

On the information leaflet you can find information about the course of the examination as well as its objectives and risks. Please read this leaflet carefully.

If you have further questions about the necessity and urgency of the examination, about alternatives or any risks posed by the examination, please contact your doctor. Most of these questions can be answered by the doctor who registered you for the examination. Specific questions about the examination's technical details or specific problems can be answered by the specialist (gastroenterologist) who will carry out the procedure, if necessary. If you wish to do so, we kindly ask you to contact us or the referring doctor in good time.

#### **Questionnaire:**

You are kindly asked to fill out the enclosed questionnaire in full to clarify the bleeding tendency and to answer the questions about medication, intolerances or allergies. If you are taking **anticoagulant medication** for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or or regularly take **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel etc.**, please discuss with your doctor in good time (at least 1 week before before the examination) the possibility of stopping the medication. Please bring the questionnaire with you to the examination. You are kindly asked to date and sign the questionnaire <u>one day before the examination</u> if possible. If you have any problems or there are ambiguities in answering the questions, please contact your doctor or us in good time.

#### Informed consent:

Please read the informed consent form through very carefully. Also date and sign it no later than the day before the examination.

The information leaflet is yours to keep.

The questionnaire and the informed consent will be kept by us in the medical files.







# Information sheet undergoing a liver biopsy

#### Why is a a liver biopsy carried out?

Based on previous examinations, you are suspected of having liver disease. Microscopic examination of the liver tissue and comparison of the results with blood tests can be used to more accurately monitor the results and provide clarity for possible treatment.

#### What preparations are necessary for a a liver biopsy?

You must not eat or drink anything for 6 hours before the liver biopsy. If you are taking **anticoagulant medication** to thin the blood (e.g. Sintrom, Marcoumar, Xarelto) or regular **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel etc.**, please discuss with your doctor in good time (at least 1 week before the examination) whether you should stop taking the medication.

#### Ability to drive/ ability to work?

As a rule you will be given sedation and or pain medication before the examination. You should not drive after receiving this medication. Do not come with your own vehicle. Make sure that someone personally accompanies you. After these medications have been administered you are not capable of signing any documents for the next 12 hours. This means that during this time you should not conclude any contracts.

#### What happens during a a liver biopsy?

An infusion is applied to the arm before the examination. With the help of ultrasound, the appropriate site for the liver biopsy is determined. After local anaesthesia of the skin and muscles, a needle is inserted between the lower ribs on the right side of the body and tissue is removed from the underlying liver. This procedure takes only a few seconds. After the puncture, you will be monitored for at least 4 hours. Occasionally slight pain may occur. If necessary, you will be given a painkiller.

### What are the risks associated with a liver biopsy?

The examination itself is low-risk. However, despite the greatest care being taken, complications can occur, which can be life-threatening in exceptional cases. Possible complications are irritation of the peritoneum with pain, bleeding complication (<1%), injury to the lung, gallbladder or pleura (0.1%). These complications may require hospitalization and very rarely surgery (0.2%). Rarely, the administration of sleep medication can lead to the impairment of respiratory and cardiac function.

#### What about after the examination?

For 24 hours after the biopsy you should avoid physical stress and, if possible, not be alone at home. In case of increasing pain, circulatory problems (e.g. dizziness), shortness of breath or deterioration in your general condition, inform your doctor immediately or go to a hospital emergency department.

#### Questions about the examination?

If you have any further questions about the planned examination, please contact your GP. If you are still unclear, contact the specialist (gastroenterologist) who is carrying out your examination.

#### You can contact the following doctors if you have any questions or problems:

General practitioner	Tel:
Gastroenterology	Tel:







# **Questionnaire**

# Questions to clarify bleeding tendency:

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	yes	110
1. Do you have heavy <b>nosebleeds</b> for no apparent reason?		
2. Do your <b>gums bleed</b> for no apparent reason (brushing your teeth)?		
3. Do you have "bruises" (Haematomas) or small bleeds under the skin without obvious injuries?		
4. Do you have the impression that you <b>bleed longer after minor injuries</b> (e.g. when shaving)?		
5. Women: do you have the impression that you have <b>prolonged menstrual bleeding</b> (>7 days) or that you must change tampons or sanitary towels very frequently?		
6. Have you had prolonged or heavy bleeding during or after dental treatment?		
7. Have you had prolonged or heavy <b>bleeding during or after surgery</b> (e.g. tonsillectomy, appendectomy, birth)?		
8. Have you received any <b>blood</b> or <b>blood products</b> during surgery?		
9. Does anyone in your family (Parents, siblings, children, granchildren, uncles, aunts) have a disease with increased bleeding tendency?		

# Questions about medication, allergies, concomitant disease:

1. Are you taking <b>anticoagulants</b> for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or have you been taking <b>Aspirin</b> , <b>Alcacyl</b> , <b>Tiatral</b> , <b>Plavix</b> , <b>Clopidogrel</b> , <b>etc</b> . or <b>flu medication</b> , <b>pain killers or rheumatism medication</b> in the last 7 days? If 'yes', what exactly?	
Do you have an allergy/ hypersensitivity reaction (to medications, latex, local anaesthetics, sticking plasters)? If 'yes', which ones?	
3. Do you suffer from a heart valve defect, heart or lung disease? Do you have an ID card for endocarditis-prophylaxis?	
4. Do you have a heart pacemaker / defibrillator or a metal implant?	
5. Are you aware of a renal dysfunction (renal insufficiency)?	
6. Are you diabetic?	
7. Women: are you <b>pregnant</b> or is there a <b>possibility</b> that you could be pregnant?	
8. Do you have any loose teeth, dentures or a dental disease?	

# I, the undersigned, have completed the questionnaire to the best of my knowledge.

Place, date Patient's name Patient's signature







Informed consent for a liver biopsy			Label		
Information	n protocol submitted by:				
Date:					
I, the under	signed, have read the information s	sheet.			
	n informed by the doctor of the recedure and risks of a liver biopsy.				
			(Check th	e appropri	ate box
I agree to	I agree to having a liver biopsy			no	
I agree to a examination	a sedative and/or pain relief bein on	g administered during the	<b>e</b> yes	no	
	Patient's name		Doctor's	name	
lace, date	Patient's signature	Place, date	Doctor's	signature	
For patier	nts who cannot give consent t	hemselves:			
	Legal representative or proxy		Doctor's	name	
lace, date	Representative's name	Place, date	Doctor's	signature	





