



Ultrasound Guided Biopsy Consent

Patient Name: _____ DOB: _____ Date: _____

Procedure: _____

The physician who cared for you today was: Dr. Arvinder Uppal M.D.

Description of procedure

This procedure uses ultrasound equipment to position a specialized needle into the liver tissue. The physician will inject a local anesthetic and obtain tissue samples from the tissue area in question. The alternative to this procedure is a surgical biopsy, or sometimes a biopsy with another type of imaging guidance.

Risks

Most patients experience only mild discomfort during the procedure. Some patients develop a deep or superficial bruise that can cause swelling and pain, rarely for multiple weeks. Other rare problems include fainting, infection, deeper injury (such as to the chest wall or lung), or injury to a breast implant (if you have implants).

Aftercare instructions

- After you arrive home, place an ice pack on top of the dressing, alternating on and off every half hour, until bedtime tonight.
- Do not participate in strenuous activities for 24 hours (i.e. tennis, aerobics, weightlifting, jogging).
- Do not shower until the day following your procedure and do not bathe for 72 hours. At that time, remove the gauze dressing, leaving the steri-strip tape in place.
- Do not remove the steri-strip tape; allow it to come off by itself. However, if you develop redness, itching, or blistering on the skin from the steri-strip tape, you may remove it carefully.
- Mild to moderate discomfort following the exam is common. You may also experience bruising with skin discoloration that can last days to a few weeks after the procedure.
- If you need pain medication for the discomfort, take Tylenol only. DO NOT take aspirin, Advil, Motrin, or any Ibuprofen medications.

Biopsy results

Biopsy tissue specimens are sent to the pathology group as directed by your insurance. Results of your biopsy are sent directly to your referring physician, generally within 7 days, although some laboratories may take a bit longer for complete results. Please contact your physician directly for your biopsy results.

Problems or questions?

Contact us if you have any problems such as excessive bleeding or pain.

- During facility hours, please call: 443.917.2855

Signature

Your signature on this form indicates that you have read and understood the information in this form, that your questions have been answered, that you understand the risks and alternatives to this procedure, and that you consent to proceed. If patient is unable to sign, check the appropriate box:

Patient is a minor Patient unable to sign because: _____

Signer is: Patient Father Mother Other Legal Guardian

Signature: _____ Date: _____

Witness: _____ Date: _____