

ARAPAHOE GASTROENTEROLOGY
ARAPAHOE ENDOSCOPY CENTER

INFORMED CONSENT FOR PERCUTANEOUS LIVER BIOPSY

- 1.) I, _____ authorize
Dr. _____ to perform a percutaneous liver biopsy on me.
- 2.) **DEFINITION:** To obtain a small piece of the liver using a needle.
- 3.) **PURPOSE:** Usually a liver biopsy is performed to find the cause of liver disease, and to determine how severe the problem is or how much scar tissue is present (fibrosis/cirrhosis). Occasionally a biopsy is used to investigate how other problems, such as an infection may be present through out the body.
- 4.) **RISKS:** The most common complication is bleeding, and this occurs in 1-4% of all patients. If serious bleeding occurs, a blood transfusion or surgery may be needed. Other more rare complications include collapsed lung, bile leak into the liver or abdomen, and damage to other organs such as the gallbladder or intestines; sometimes surgery is needed if these problems occur. In extremely rare cases patients have died as a result of these problems. Transient pain occurs in about 25% of patients. 1-4% of patients require hospitalization after liver biopsy. To minimize these risks, your liver biopsy site is identified by an ultrasound and we will observe you at least 1 hour after the procedure.
- 5.) **ALTERNATIVES:** Liver tissue for diagnostic examination can also be obtained by looking into the abdominal cavity with a scope, which is called laparoscopy, by surgery and by radiology by threading a needle through a neck vein.
- 6.) **ANESTHESIA:** A medicine causing numbness will be injected at the site of the biopsy. Sometimes an intravenous sedative will be given as well. No general anesthesia is needed.

Witness

Patient/Responsible Party

Date/Time

- 7.) **PHYSICIAN DECLARATION:** I have explained the contents of this document to the patient and have answered all the patients' questions. To the best of my knowledge, I feel the patient has been adequately informed and has consented.

Physician's Signature

Date/Time