

Title: **ASSISTING MD WITH LIVER BIOPSY UNDER CT GUIDANCE**

Responsibility: Physician with assistance from RN or CT Tech

Equipment: 1. Liver Biopsy kit

2. 1% Lidocaine

3. 2 - Chloroprep

4. Sterile gloves and masks

5. Sterile pressure dressing (4 x 4 and tape)

6. 10% Formalin solution*

7. Sterile towels - 1 pack

*If specimen for other than routine histological studies, notify Department of Pathology 383-3470 for further instructions.

<u>Procedure</u>	<u>Point of Emphasis</u>
1. Assess lab results for PT/INR and Platelet Count.	A liver biopsy is contraindicated if these lab results are not within normal limits.
2. Check NPO status and obtain IV access.	
3. Check for signed consent.	
4. Obtain patient's pulse, respiration, and blood pressure.	
5. Prepare to administer Sedation/Analgesia.	Follow conscious/sedation policy #3364-100-53-11, which is Sedation/Analgesia by Non-Anesthesiologists
6. All present to don procedure mask.	
7. Assemble equipment as listed above.	
8. Position the patient in a supine position with right arm under head, face turned left and upper abdomen exposed.	
9. Assist physician with gown and gloves.	Physician will do the following: a. palpate the liver b. select a site and mark with ultra sound confirmation c. cleanse area with Chloroprep d. administer local anesthetic e. ask patient to take deep breath, exhale and hold breath f. inject needle of choice and obtain biopsy g. apply pressure to site
10. Place the specimen in a properly labeled specimen cup containing biopsy solution.	

Assisting MD with Liver Biopsy Guidelines

Page 2

<u>Procedure</u>	<u>Point of Emphasis</u>
11. Apply pressure to the biopsy site.	To prevent bleeding.
12. Position the patient on his right side for two to four hours.	To provide external pressure to prevent bleeding from biopsy site.
13. Observe patient for signs of bleeding, shock, bile peritonitis, or pneumothorax. Check vital signs every 15 minutes x 4 hours then per MD orders.	Increasing temperature, rising respiration, depressed breath sounds, dyspnea, and abdominal distension. Check dressing for any increase in bleeding. Persistent shoulder pain, pleuritic chest pain, and nausea are also abnormal signs and symptoms indicating a possible complication. Patient is recovered in Endoscopy for 2 hours then admitted as Short Stay for further recovery.
14. Document the following: a. procedure b. physician c. type of needle inserted d. patient's tolerance	

Resource People: Haitham Elsamaloty, MD, PhD, Interim Chair Radiology & Andrea Woods, RN

Approved: October 1987
Reviewed: 9/90, 5/14, 8/17
Revised: 3/89, 5/93, 12/95, 9/99, 12/01, 3/02, 4/05, 6/08, 3/2/2011, 8/2020
Reviewed by Policy & Standard Committee, 2/11, 8/17, 8/2020, 6/2023

References: Lippincott Maual of Nursing Procedures 11th Edition, Springhouse Corp., 2018.
Gastroenterology Nursing: A core Curriculum 6th Edition, Society of Gastroenterology Nurses Association, 2019.