



QUESTIONS QUESTIONS & ANSWERS ANSWERS

Post-Biopsy Going Home Instructions

You had a biopsy today. We do not expect any problems if you have not experienced any so far. Now we will watch you for two hours to be sure there are no problems. You may go home if we see none. Here are a few instructions for when you leave.

- You will need a ride home. You cannot drive.
- You should rest for the remainder of the day.
- How soon you can go back to doing your regular activities depends on the kind of biopsy you had. There are instructions on this below.

A few people may have some minor discomfort at the biopsy site. This may include the following:

- A small amount of blood may collect under the skin at the biopsy site and form a lump.
- There may be some pain or tenderness at this site.
- The skin may be red.
- In a few days the site may look like a bruise. It will be black and blue or yellowish. This will go away in a few days.

If the biopsy site is very uncomfortable, try the following:

- Put ice on the biopsy site to reduce pain and swelling.
- Take Tylenol. Take only the amount directed on the label.

- **Do not take aspirin or anything that contains aspirin or ibuprofen (Motrin) for 24 hours after the biopsy.**

If you see a lot of bleeding at the biopsy site, or if you feel very sick, call St. Vincent Charity Hospital's Radiology Department at 216.363.2592, or go to an emergency room or call 911.

After you have been treated, someone will call you in 24 to 72 hours to check on you

Special Instructions

Lung or Abdominal Biopsy

If you feel the need to cough, try to clear your throat gently. Do not force it.

Liver Biopsy

Go home to bed for 8-12 hours. Do not exert yourself for one week. You may have pain in your right shoulder. This should go away in a few days.

Kidney Biopsy

You may have pain when you urinate. You may see some blood in your urine. This will lighten each day. Try to drink plenty of liquids today. You may have a fever. You may feel sick to your stomach.

If you have any questions call us at 216.363.2592.

I have read the information above or it was read to me. I am able to explain what I need to do.

Patient or Family Member (sign here)

Nurse/Technician/Physician

Date _____ Time _____

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ST. VINCENT CHARITY
MEDICAL CENTER

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