## Arranging a percutaneous renal biopsy

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## A. Arranging a routine renal biopsy

Most biopsies, including some urgent ones, are performed at the ambulatory care unit (ACU). If the biopsy needs to be done urgently and a bed is not available at the ACU, please follow the steps detailed in **B. Arranging an urgent renal biopsy** below.

- 1. Fax a completed request form to the ACU (fax no 9113 1923)
- 2. Contact the ACU (phone no 9113 2333) to confirm an appointment
- 3. If a **CT guided biopsy** is planned, an appointment should also be confirmed with the Radiology department (with a request form duly organized) on the same date of appointment as at the ACU
- 4. **Inform the patient** about the confirmed date and advise them to present to the ambulatory care unit on that date at 8 am. The patient should stop antiplatelet or anticoagulant medications for at least one week prior to the planned date (ideally for 2 weeks). A light breakfast on the day is acceptable. However for biopsies done in Radiology, the patient is requested to fast from overnight, as parenteral sedation is often required.
- 5. **FBC, APPT, INR, EUC within 2 weeks** of the planned procedure date and while off anticoagulants/ antiplatelet agents for the required period should be available
- 6. A copy of the 'Renal Biopsy Patient information' sheet to is to be sent to the patient's address or provided to patient at the clinic
- 7. For patients who are planned for overnight admission (as determined before hand by the treating team), a **RFA form** should be completed and faxed to the Admissions office.

## B. Arranging an urgent renal biopsy

- 1. **Contact the renal advanced trainee/registrar** who is in charge of renal biopsies during the relevant term, advising of the urgent nature of the biopsy.
- 2. The renal registrar may be able to negotiate to release an ACU bed or arrange admission in the ward for the biopsy to happen. A completed **RFA form** should be sent to the admissions office (for same day admissions, Bed manager should be contacted)
- 3. Reversal of anticoagulation should be considered if indicated