固有腎切片檢查

如何為您的切片檢查做好準備

在切片檢查前夕，除服藥時喝水之外，請在半夜之後不要再進食或飲水。在切片檢查之前的當天早晨，請喝一口水，服用您的常規藥物。如果您服用薄血藥，您應當收到有關在切片檢查之前停服藥物的指示。薄血藥是阿斯匹靈、庫瑪町（華法令）、潘生丁（哌醇定—Persantine (dipyridamole))、Plavix、Ticlid、Pletal、Agylin、Lovenox、Fragmin、Innohep、Orgaran、Argatroban、Refludan、Iprivask、Angiomax、ximelagatran、Remodulin、Aggrastat、Integillin、Reopro、Arixtra及Trental。如果您對藥物有疑問，或者您未收到上述指示，請務必向您的醫生提出。

抵達醫院後請前往4-South。您一旦到達，即將接受驗血和驗尿。如果您過去兩天中曾經在診所中接受驗血和驗尿，則不需要再次化驗。

我們將安放一條靜脈注射導管，幫助輸藥輸液。然後，我們會將您送到二樓接受超音波檢查。

您將簽署一份切片檢查同意書。您在將簽署同意書表格時，聲明您已瞭解程序的風險。風險涉及切片檢查及用於幫助您放鬆的藥物。
機率超過1%的風險包括:

- 血尿 (10%)。
- 血管失血，導致需要輸血(1%)。
- 腎臟內部形成(連接動靜脈)的廂管，從而可能導致出血或血壓升高(廂管形成的機率為15%，廂管造成問題的機率為1%以下)。
- 短期血壓升高或降低。

機率為1%以下的風險包括:

- 血栓阻塞尿流。
- 需要在(連接腎與膀胱的)輸尿管中插入支架(塑料管)以通尿。
- 腎臟週圍的血栓使腎臟受到擠壓，從而導致腎臟功能下降，血壓升高。
- 需要在出血的腎臟中堵洞，方法是將一根導管插入鼠蹊部，向上加入腎臍，然後放入一個線圈(栓塞)。
- 血管受傷，或形成動靜脈連接，導致腎功能喪失或腎衰竭。
- 喪失腎臍(手術切除腎臍)。
- 皮膚、肌肉或腎臍感染。
- 另一個腹部臟器穿孔。
- 皮膚與腎臍之間的組織上的神經受傷，導致痛苦或喪失感覺。
- 惡心及/或嘔吐。
- 腎臍週圍漏尿。
- 死亡。

放鬆及止痛藥物的風險包括:

- 血壓下降。
- 呼吸放慢，導致需要插入一根管子幫助您呼吸。
- 思考能力下降。
• 過敏反應。
• 死亡。

上文未提及的其他風險可能包括與上述風險類似的併發症或其組合。

護士可幫助您為切片檢查做好準備，給您藥物幫助您放鬆並避免疼痛。護士也可幫助超音波操作人員為接受切片檢查調整位置。大多數情況下，您將用一個枕頭墊在臂部趴下。您的雙臂否則舒適的位置，以便護士向您施用藥物。我們也會為您安放一台心臟，血壓及氧氣監視器，並通過一根鼻管(一根具有兩頭的管子，置入兩個鼻孔)為您輸氧。心臟監視器涉及在您的胸部和雙臂上貼上膠墊。我們將血壓監視袖套套在臂上，並將氧氣監視器套在您的手指上。

然後，超音波操作人員將為腎臟醫生確定腎臟位置。腎臟醫生將以優碘(betadine)或 Hibiclens 清潔您的背部。請告知您的醫生您是否對碘過敏。我們會將消毒蒙紙放在切片檢查部位附近。腎臟醫生將使用利多卡因(lidocaine)麻醉您的皮膚。請告知您的腎臟醫生您是否對奴佛卡因(novocaine)或其他麻醉藥物過敏。

腎臟醫生會將從上至下，將您腎臟外部的所有皮膚和組織麻醉。腎臟無法麻醉，因為不能將藥物注入腎臟。護士施用的藥物將使您保持舒適。

醫生在您的皮膚上切開一個切口，並將切片檢查「槍」的針頭探入腎臟。在針頭探入時，您可能會聽到腎臟醫生與超音波操作人員談話。針頭接近腎臟時，腎臟醫生將要求您深深吸氣一次，並屏住呼吸，以保持腎臟靜止，然後進行切片檢查。您在切片檢查可能會聽到一聲響亮的咔嚓聲，有時病人可能會感到隱痛或恶心。為了取得足夠的組織供病理學家確定您的腎病。醫生可能需要將針頭探入數次(最多為五次)。

在切片檢查之後，我們將測量您的血壓，因紗布縫帶蓋住您的切片檢查區，並將您的身體翻轉向上。您將在一個護士的護理下，停留在超音波儀下10至15分鐘，護士將監測您的生命表徵。您然後將返回4-South。您將需要臥床至少6至8個小時，坐起角度不
有疑問嗎？

請電 206-598-4670

您的問題很重要。如果您有疑問或疑慮，請電您的醫生或健康護理提供者。華盛頓大學醫學中心工作人員也可隨時為您提供幫助。

移植服務部
206-598-4670

4-South
206-598-4670
(您在切片檢查前後駐留的地方)

傳呼
206-598-6190
(與您的醫生聯絡)

能超過45度，並酌情使用小便盆及/或小便池。此後，如果我們告訴您您可安全地站起，則您可由護士攙扶站起。我們將監測您的尿液，確定是否有血尿。我們將酌情施用止痛藥物。如果您的生命表徵穩定，且您並不疼痛，則您可在切片檢查之後進食。如果您有疼痛、排便困難、惡心或有任何其他不適，請立即致電給護士。您將住院過夜，如果您的病情穩定，您的腎臟醫生會在早晨允許您出院。

獲得結果

如果您是在星期一至星期五接受切片檢查，您可在48小時以內獲得初步結果，如果您是在星期五接受切片檢查，您可在星期一下午獲得初步結果。由於測試的類型，獲得完整的結果至少需要5天時間。如果需要進行特殊測試，或者如果某些測試結果表明需要進行進一步評估，則獲得最終結果需要更多時間。您的腎臟醫生可能會致電將初步結果通知您，但是常常會要求您前來討論完整的結果及您需要的護理計劃。

三角停車場(The Triangle Parking Garage)的停車

三角停車場位於N.E. Pacific Place，在華盛頓大學醫學中心(UW Medical Center)街對面。請從Montlake Blvd左轉至N.E. Pacific Street，並右轉至N.E. Pacific Place。您可從人行隧道直接前往三樓(主入口)。三角停車場具有500個停車車位，其中有67個殘疾人停車車位，及9個輪椅停車車位。醫學中心的停車場工作人員星期一至星期五上午6時至下午12時，星期六上午7時至下午4時值班。星期日可在停車場免費停車。三角停車場對車輛限高為6英尺8英寸。超大車輛可在醫院背後的S-1停車場及Husky Stadium停車場停車。
Native Kidney Biopsy

How to Prepare for Your Kidney Biopsy

The night before the biopsy do not eat or drink after midnight except for water to take your medicines. In the morning before the biopsy, take your usual medications with a sip of water. If you take blood thinners you should receive instructions about stopping your medication before the biopsy. Blood thinning medications are aspirin, coumadin (warfarin), Persantine (dipyridamole), Plavix, Ticlid, Pletal, Agyrlyin, Lovenox, Fragmin, Innohep, Orgaran, Argatroban, Refudan, Iprivask, Angiomax, ximelagatran, Remodulin, Aggrastat, Integrimlin, Reopro, Arixtra, and Trental. If you have questions about your medications or if you have not received the instructions mentioned above, please make sure you ask your doctor.

When you arrive at the hospital go to 4-South. Once there you will have blood and urine tests. If you had blood and urine tests done in the clinic within the past two days, they will not be done again. An IV (intravenous line) is placed to help give medications and fluids. You will then be taken to the second floor to have an ultrasound exam.

You will sign a consent form for the biopsy. When you sign the consent form you are stating that you have learned about the risks of the procedure. The risks are linked with the biopsy as well as with the medications used to help you relax.
Risks Greater than 1% Include:

- Blood in the urine (10%).
- Loss of blood from the blood vessels causing the need for a blood transfusion (1%).
- The formation of a fistula (connection of an artery and a vein) inside the kidney that may lead to bleeding or an increase in blood pressure (fistula formation 15%, problems due to fistula, less than 1%).
- A short-term increase or decrease in blood pressure.

Risks Less than 1% Include:

- Blockage of urine flow by a blood clot.
- The need to unblock the urine with a stent (plastic tube) placed in the ureter (connection between the kidney and bladder).
- Squeezing of the kidney due to a blood clot around the kidney, causing a decrease in kidney function and an increase in blood pressure.
- The need to plug a hole in the kidney that is bleeding by using a catheter inserted into the groin and up to the kidney and then instilling a coil (plug).
- Loss of kidney function or kidney failure caused by injury to vessels or the formation of a connection of an artery and vein.
- Loss of the kidney (surgery to remove the kidney).
- Infection in the skin, muscles, or kidney.
- Puncture of another abdominal organ.
- Injury of nerves on the tissues between the skin and the kidney causing pain or loss of sensation.
- Nausea and/or vomiting.
- Leaking of urine around the kidney.
- Death.

Risks of the Relaxing and Pain Medications Include:

- A decrease in blood pressure.
- A decrease in respiration (breathing) such that you may need a tube placed to help you breathe.
• A decrease in thinking ability.
• An allergic reaction.
• Death.

Other risks not mentioned above may include complications that are similar to, or combinations of those mentioned above.

A nurse will help get you ready for the biopsy, give you medications to help you to relax and to avoid pain. The nurse will also help the sonographer position you for the biopsy. Most times you will be on your stomach with a pillow placed under your stomach. Your arms will be placed so that you are comfortable and so the nurse can give you medications. You will also have a heart, blood pressure, and oxygen monitor placed and you will be given oxygen via a nasal canula (a two-pronged tube that fits into both nostrils). The heart monitor involves putting sticky patches on your chest and arms. The blood pressure cuff is placed on the arm and the oxygen monitor on your finger.

Then the sonographer will locate the kidney for the nephrologist (kidney doctor). The nephrologist will clean off your back with betadine or hibeclens. Tell your doctor if you are allergic to iodine. Sterile paper drapes are placed near the place where the biopsy will be taken. The nephrologist will numb your skin with lidocaine. Tell your nephrologist if you are allergic to novocaine or other numbing medicines.

Tell your nephrologist if you are allergic to novocaine or other numbing medicines.

The nephrologist will numb your skin and tissues all the way down to the outside of your kidney. The kidney is not numbed because medication cannot be put into the kidney. The medication the nurse gives you will keep you comfortable.

A cut is made in your skin and the needle of the biopsy “gun” is advanced down to the kidney. You may hear the nephrologist and the sonographer talking as the needle is advanced. When the needle is close to the kidney the nephrologist will ask you to take a big breath and hold it so that your kidney does not move and then the biopsy will be taken. You may hear a loud click during the biopsy, and once in a great while people may feel a dull ache or nausea. To obtain enough tissue for the pathologist to identify your kidney disease, several passes (up to five) with the biopsy needle may be needed.

After the biopsy, your blood pressure is taken, the area of the biopsy is covered with a gauze bandage, and you are turned over onto your back. You will stay in ultrasound for about 10 to 15
Questions?

Call 206-598-4670

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC Clinic staff are also available to help at any time.

Transplant Services
206-598-4670

4-South
206-598-4670
(where you stay before and after the biopsy)

Paging
206-598-6190
(to reach your doctor)

Getting Results

The preliminary results from your biopsy are available within 48 hours during the week and late on Monday if the biopsy is done on Friday. Complete results take at least 5 days due to the type of testing performed. If special tests are needed or if some findings suggest further evaluation, then more time may be needed to receive the final results. Your nephrologist may call you with preliminary results, but often will ask that you come in to discuss the complete results and the care plan that you will need.

Parking in the Triangle Parking Garage

The Triangle Parking Garage is located on N.E. Pacific Place, across the street from UW Medical Center. From Montlake Blvd., turn left onto N.E. Pacific Street and right onto N.E. Pacific Place. There is direct access to the third floor (main entrance) via a pedestrian tunnel. The Triangle Garage has 500 parking stalls with 67 disability-parking stalls and 9 wheelchair-accessible parking stalls. Medical center parking staff is on duty Monday through Friday 6 a.m. to 12 a.m. and on Saturday from 7 a.m. to 4 p.m. Garage parking is free on Sundays. The Triangle Garage has a height restriction of 6 feet, 8 inches. Over-sized parking is available in the S-1 lot behind the hospital and in the Husky Stadium parking lot.