



Having an ultrasound guided lymph node or superficial mass biopsy

This leaflet explains what an ultrasound guided lymph node or superficial mass biopsy is, what happens during the procedure and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

You should have time to discuss your situation with your own consultant and the radiologist (X-ray specialist) who will be doing the biopsy. You should be happy that you understand what the procedure involves as you will be required to sign a consent form prior to undergoing the biopsy.

What is an ultrasound guided lymph node or superficial mass biopsy?

This is a minimally invasive way of obtaining a tiny piece of tissue from an abnormal lymph node (often from the neck, armpit or groin) or mass using a special needle guided into the node using ultrasound guidance. The procedure is carried out under local anaesthetic, i.e. you are awake but the skin is numbed. You will normally go home the same day.

Why do I need a biopsy?

Clinical examination or other tests, such as an ultrasound and CT scan, have shown an abnormal lymph node or mass. These other tests cannot tell exactly what the abnormality is or what treatment, if any, is necessary. The simplest way of finding out is by taking a tiny piece of tissue to examine in the laboratory. The alternative to a US guided biopsy is an open operation to remove the node or mass, which is more invasive.

Who has made this decision?

The consultant in charge of your care, following discussions with other specialists, considers this is the best way of diagnosing your problem.

Who will be performing the biopsy?

A radiologist who has undergone specialist training and who regularly performs this and other similar procedures will carry out the biopsy.

Where will the biopsy take place?

In the ultrasound room in the X-ray Department of the Royal Berkshire Hospital.

What happens before the biopsy?

Usually, it is not necessary to have blood samples prior to the biopsy unless there is some concern that your blood may not clot properly.

Blood-thinning medication such as Warfarin, Dabigatran, Rovaroxaban, Tinzaparin or Clopidogrel are usually continued for the biopsy. If you are taking any of these medications and have not received instructions to stop them, please contact the X-ray Department on 0118 322 8368.

Please take all your normal medication other than those stopped for the biopsy.

What happens during the biopsy?

Depending on the location of the biopsy, you may be asked to remove some clothing and put on a hospital gown. We will then ask you to lie on the ultrasound couch.

A preliminary ultrasound scan will be carried out. Once the exact needle path has been determined, the radiologist will then clean your skin with antiseptic and will inject the skin and deeper tissues with local anaesthetic. This will sting briefly before the area goes numb. The radiologist will then insert the biopsy needle and usually several samples are taken.

How long will it take?

The whole procedure takes between 15 and 20 minutes.

Will it hurt?

You will feel stinging as the local anaesthetic is injected.

What happens afterwards?

After the biopsy, you will be able to go home. It takes a few days to analyse the sample in the laboratory. The result will be sent to the consultant in charge of your care.

What are the risks and complications?

An ultrasound guided biopsy is generally a very safe procedure but there are risks and, occasionally, complications. There is a small risk of bleeding, which can usually be controlled by pressing on the area.

The biopsy may fail to diagnose the cause of the problem.

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Please ask if you need this information in another language or format.

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