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## **Post Biopsy Care**

Complications with ultrasound-guided biopsies or fine needle aspirates are less common than with other available techniques. Hemorrhage is the immediate post-biopsy concern. Significant hemorrhage occurs in less than 5% of all patients and hemorrhage-associated fatalities in less than 1%. The actual risk for an individual patient varies with the type of biopsy procedure (FNA vs. tissue core biopsy), the organ examined and the kind of lesion examined. It is recommended that a coagulation profile and platelet count be evaluated prior to performing ultrasound-guided biopsy procedures. Afterwards, patients should remain hospitalized for several hours post-procedure and should be monitored for hemorrhage according to your established post-surgery protocol. If hemorrhage does occur, most cases can be treated with volume replacement and monitoring (BP, PCV/TP, HR, MM color, etc.). Surgery to control hemorrhage should be considered for those patients not responding to more conservative treatment.

Infection is another potential risk, especially when an abscess or infected lesion is sampled. When these types of lesions are suspected, antibiotics should be administered pending results of cytology and culture/sensitivity.

Another potential complication is the inadvertent puncture of non-target organs during tissue core biopsies. Surprisingly, in most cases this does not lead to complications. Nonetheless, the possibility of hollow organ leakage and peritonitis should be considered in patients presenting with signs of illness following biopsy.