



Department of Radiology
Kaiser-Permanente Medical Center - Oakland

BIOPSY DISCHARGE INSTRUCTIONS

Dr. _____ performed your _____ biopsy today.

1. Go home and rest quietly for the remainder of the day. DO NOT drive, operate machinery or appliances or make any legal decisions today. You may resume normal activities tomorrow.
2. Have a responsible adult drive you home and stay with you for the remainder of the day.
3. You may resume your normal diet after the procedure. Avoid alcoholic beverages and depressant drugs for 24 hours. DO NOT take aspirin-containing products, ibuprofen or blood-thinning products for 48 hours after procedure.
4. You may take Tylenol (1-2 tablets every four to six hours) for mild discomfort at the biopsy site. If you develop severe pain, swelling or redness at the biopsy site, call Interventional Radiology at (510) 752-7573.
5. For a liver, kidney or bone biopsy, call IR or your physician immediately if you develop a rapid pulse (greater than 100 beats per minute), feel faint, sweat profusely, experience a sudden onset of weakness, increased pain, swelling at the biopsy site or bleeding from the biopsy site.
6. For lung biopsies, call IR or your physician immediately if you develop a sudden onset of rapid breathing (greater than 20 breaths per minute), upper back or chest pain, shortness of breath, sweating, skin color change, saturation of dressing at the biopsy site or a sudden onset of anxiety.
7. Report a temperature greater than 101 degrees Fahrenheit (38.3 degrees Celsius) to IR or to your physician.
8. Check the dressing periodically for an increase in drainage. Keep the dressing dry for 24 hours. Replace with a Band-Aid if necessary. You may shower 24 hours after the procedure.
9. DO NOT smoke for 24 hours after the procedure.
10. Call your physician for a follow-up appointment to discuss the biopsy results.
11. If any questions or complications develop after you arrive home, please call the Radiology Department at (510) 752-7573.
12. If any of the above symptoms occur after normal working hours, call or visit the Emergency Department.

Discharge instructions have been explained to the patient. The patient or the person responsible for the patient fully understands these instructions.

Date _____ Time: _____

Patient's Signature _____

Radiologist's Signature _____

Radiology Nurse's Signature _____