

**Patient Information to be retained by patient**

# Soft tissue biopsy

*affix patient label*

## What is a biopsy?

A biopsy is a simple operation where a small piece of tissue is removed from an area. This can be looked at closely under a microscope.

There are two types of biopsy:

- **an excisional biopsy** – removes the whole area. This is usually carried out for small lumps or swellings. Further treatment may not be necessary.
- **an incisional biopsy** – involves removing a small piece of the abnormal area. This is carried out to confirm what something is. We can then decide on the best treatment.

## Why do I need it?

Biopsies give us an idea about the nature of your lump/swelling. It allows us to find out what the lump is (to make a diagnosis) and to guide the treatment.

## Should I be concerned?

It is natural to be worried about undergoing any operation, even a small one like this. Many patients jump to the worst conclusion and assume that biopsies are only ever taken when cancer is suspected. Please remember this is not the case. The majority of samples are confirmed as benign (non-cancerous). If you are worried please talk to your surgeon. They can help reassure you and answer questions you may have. They will fully explain the procedure to you.

## How do I prepare for it?

- You will receive a date for surgery following your initial consultation. Please confirm this appointment – if you no longer want the operation please let us know in good time so that we can offer it to someone else.
- Continue to eat and drink as normal unless advised otherwise .
- Continue to take your medications as normal unless advised otherwise.
- A member of the surgical team will see you on the day of the biopsy. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also check that the consent form has been completed and signed.

## What does it involve?

Most biopsies are carried out with local anaesthetic (a numbing injection into the area). The injection takes a couple of minutes to work. The biopsy should be painless. The biopsy usually leaves a small hole that often requires stitching. Usually, the stitches used are dissolvable. They can take up to two weeks to disappear.

The whole process usually takes around 20 minutes from start to finish.

Another type of biopsy is a needle biopsy. A small sample from the centre of a lesion is collected by inserting a small needle through the skin. The wound usually heals on its own. A stitch is not needed.

### Are there any risks or complications?

As with all procedures, there are some risks from having this operation.

#### Significant, unavoidable or frequently occurring risks:

- **Pain:** The numbness from the local anaesthetic wears off after a few hours. There is usually not much pain or swelling. However, you may need to take simple painkillers (eg paracetamol or ibuprofen). Any discomfort should only last a few days. Tongue biopsies are usually more painful than biopsies of other areas of the mouth.
- **Swelling:** It is normal to experience some degree of swelling at the biopsy site and surrounding tissue. The maximum swelling will occur 48-72 hours after your procedure and will resolve in a few days.
- **Bleeding:** There may be a little bleeding at the time of the biopsy. However, this usually stops very quickly. It is unlikely to be a problem once the wound is stitched. Should the biopsy site bleed again when you get home this can usually be stopped by applying pressure over the area for at least 20 minutes. It is best to use a damp, rolled up swab which will have been given to you. If the bleeding does not stop quickly contact us.
- **Infection:** This is uncommon. If it does occur, it usually develops 2-5 days after your surgery. We do not routinely prescribe antibiotics.
- **Scarring:** Any cut to soft tissues produces a scar. Initially, after a biopsy, a scar will be produced. This will soften and improve with time. Regardless, it can feel quite obvious and lumpy (especially if the biopsy was in your lips or cheeks). The scarring can also depend on the size of the biopsy and your tendency to scarring.

#### Uncommon and/or serious risks:

- **Numbness:** This especially affects the lips and tongue. Biopsies can damage the local nerves resulting in areas of numbness. These can take a number of months before normal feeling returns. Very rarely the numbness may be permanent.
- **Recurrence.** Dependent on what is biopsied, there is a chance that the lesion can recur. They may recur either due to the nature of the lump / patch or due to the recurrence of conditions that caused the lump / patch to develop.

### How long will it take to heal?

Depending on the biopsy site, the healing process can take up to a few weeks.

### Are there any things I should do when I get home?

- If the biopsy site is in your mouth, be careful not to bite the area that has been numbed.
- Following your procedure, avoid rinsing your mouth out vigorously as this may cause bleeding.
- Clean your teeth as normal. Include those teeth next to the site of the biopsy. If you find that food catches around the stitches then you can gently rinse the area with a mouthwash or warm salt water. Dissolve a teaspoon of table salt in a cup of warm water. Start the mouthwashes on the day after surgery.
- If the biopsy site is on your skin, keep the area as dry as possible. You may be given a cream to apply to the site.
- You will be provided with an information leaflet giving you more information on caring for your biopsy site after the procedure.

### When can I return to work?

This depends on your job and how you feel afterwards. A biopsy is a minor procedure and for most people there is only minimal discomfort afterwards. Most people feel able to return to work later the same day.

**What should I look out for?**

If the wound becomes infected (gets red and sore), please see your GP or contact us.

**When are the stitches removed?**

- As the stitches used are usually dissolvable an appointment is not always necessary to remove them. An appointment can be arranged if you are having any problems post-operatively or the stitches are bothering you.
- Sometimes non dissolvable stitches are used. If this is the case you will be advised by your surgeon regarding the removal of these.

**When will I get my results?**

- You will usually be given another appointment so you can be given the results of the biopsy. This is usually within 6 weeks.
- Sometimes we do not need to see you again and will send a letter with the results to you and your GP.

**Contact us**

Oral surgery department (9am-5pm): 01872 253980

Outside of these hours please call:

01872 250000 and ask for the on-call Max Fax SHO

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690



**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

## Soft tissue biopsy

Details of soft tissue procedure or treatment  
(including site, laterality and type)

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits:

- *Allow a diagnosis.*

**Significant, unavoidable or frequently occurring risks:**

- *Pain, swelling, bleeding, infection, scarring.*

**Uncommon but more serious risks:**

- *Numbness*
- *Recurrence*

**Rare but serious risks:**

- *None.*

**Any extra procedures which may become necessary during the procedure:**

- *There are none specific to this operation, but if rare complications arose as above, we would take steps to rectify this at the time if possible, always acting in your best interest*
- *Other procedure (please specify):*

**I have also discussed what the procedure is likely to involve**, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Soft tissue biopsy (CHA4232) which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PATIENT**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Soft tissue biopsy (CHA4232) which forms part of this document.**

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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