



Liver Biopsy Procedure Instructions

PATIENT NAME: _____

DATE: _____

DOB: _____

MRN: _____

Your Liver Biopsy procedure is scheduled on:

Date: _____ **Arrival Time:** _____ **AM/PM**

Location: Texas Liver Institute
607 Camden, Suite 101
San Antonio, Texas 78215
Ph: (210) 253-3426

1. Preparation:

You must have **blood work completed and resulted at least 1-2 weeks prior** to your scheduled procedure.

We are unable to proceed with the liver biopsy until all required labs have been completed (CBC, CMP, and INR).

A provider will review your lab results and we will notify you of any new instructions if necessary.

You will need to **avoid the medications below 7 days prior and 5 days after** your liver biopsy.

- Aspirin or aspirin containing products
- Blood thinners or Fish Oil
- Arthritis medications or NSAIDS
- Products containing Ginko Biloba
(Ibuprofen, Aleve)

If you do need any medication to treat any discomfort such as a headache or arthritis, **you may take Regular or Extra Strength Tylenol, do not exceed more than 2,000 mg in 24 hours.**

A copy of your medication list will be provided to you to indicate what medications you need to avoid 7 days prior and 5 days after your procedure.

(Please see Pages 3 & 4 for other medications you should avoid)

2. 1 Week Prior:

The **biopsy team will contact you** by phone to provide detailed Liver Biopsy Instructions and answer any questions or concerns you may have.

Please notify the team of any accommodations you may require.

3. The day before your procedure:

- **The biopsy team will contact you** to confirm your appointment and remind you of the instructions.
- You will be required to fast the night before your procedure, **do not eat or drink anything after 11:30pm and no smoking after midnight.**
- You will need to **avoid drinking alcohol** the day before, the day of, and the day after the procedure.

4. The day of your procedure:

- **Only blood pressure medication can be taken the morning of your procedure** (unless otherwise instructed by a provider) with the small sip of water. You may bring your other medications with you to take once procedure is complete.
- Please check in at the front desk at your scheduled arrival time (doors will open at 7:15am).
- Patients are not seen based on arrival time, **please be prepared to stay for 4-6 hours** the day of your procedure. This time allows the Biopsy team to adequately prepare patients for their procedure; this also includes the recovery period after the procedure.
- Please **make sure that you have a responsible driver** to escort you from the clinic and drive you home after the procedure. **No Uber, Lyft, taxi, or any rideshare** is allowed to be used to get home due to symptoms from sedatives given before biopsy as a safety precaution.
- The driver responsible for taking the patient home will not be allowed to go with the patient during the procedure (unless otherwise indicated) but may wait in the designated lobby space
- The staff will notify the patient once they are ready for discharge.
Please note: Patients will only be able to leave the clinic once their responsible driver has arrived.
- **If you do not have someone** available to drive you home, please notify your physician or the nursing staff **prior** to your procedure.

5. After your procedure:

- The **biopsy team will provide you with detailed Liver Biopsy Discharge Instructions** to follow.
- You may resume to your normal diet as tolerated once discharged.
- Continue to avoid any blood thinners and NSAIDS for 5 days after the procedure (Please see attached list of other medications you should avoid).
- Do not operate a motorized vehicle or drink alcohol for at least 24 hours after the procedure.
- For the remainder of the day, limit your activities and rest. No exercise or heavy lifting for 48 hours after the procedure.
- Please do not hesitate to reach out to the staff if you have any questions or concerns before, during or after the procedure, they will be happy to assist you at our phone number **210-253-3426**, office hours are 8am-5pm Monday-Friday.

Below is a list of other medications **you should avoid 7 days prior and 5 days after your biopsy.**

Note: These instructions apply specifically to the liver biopsy procedure and do not imply that you should discontinue these medications permanently.

If you have any questions regarding a particular medication, please contact our office.

Products containing Aspirin

- Ascriptin
- Aspirin (acetylsalicylic acid/ASA)
- Aspirin
- Bayer Products
- Lortab ASA
- Anacin
- Bufferin
- BC powder
- Doan's
- Ecotrin
- Midol
- Excedrin
- Halfprin
- Fasprin
- Easprin
- Entrophen
- Vanquish
- Percodan
- Alka-Seltzer products
- PainAid
- Goody's powder/Goody's extra strength
- Empirin with/without Codeine
- Fiorinal or Ascomp with/without Codeine

Products containing NSAIDs/Ibuprofen/Naproxen

- Ibuprofen
 - Addaprin
 - Advil
 - Dimetapp Headcold & Flu Tablets
 - Dristan Sinus tablets
 - Genpril
 - Ibu tab
 - Motrin
 - Nuprin
 - Profen IB
 - Wal-profen
- Indocin (Indomethacin)
- Ketorolac (Toradol injection/tablets)
- Meloxicam (Mobic)
- Celecobix
 - Celebrex
 - Elyxyb
 - Vycosa
- Diclofenac tablets/capsules
 - Arthrotec
 - Voltaren
 - Zorvolex
- Naproxen
 - Aleve
 - Anaprox
 - Naprosyn
 - Treximet
 - Vimovo



Blood Thinners/Antiplatelets

- Apixaban (Eliquis)
- Betrixaban (Bevyxxa, Portola)
- Cilostazol (Pletal)
- Clopidogrel (Plavix)
- Dabigatran (Pradaxa)
- Dalteparin (Fragmin)
- Dipyridamole (Aggrenox)
- Edoxaban (Savaysa)
- Enoxaparin (Lovenox)
- Eptifibatide (Integrilin)
- Fondaparinux (Arixtra)
- Heparin
- Pentoxifylline (Trental)
- Prasugrel (Effient)
- Rivaroxaban (Xarelto)
- Ticagrelor (Brilinta)
- Tinzaparin (Innohep)
- Warfarin (Coumadin, Jantoven)

Supplements/Vitamins

- Feverfew
- Fish Oil (Omega 3/DHA)
- Garlic
- Ginger
- Gingko Biloba
- Ginseng or Dong Quai
- Icosapent Ethyl (Vascepa)
- Saw Palmetto
- Turmeric or Curcumin
- Vitamin E

I certify that I have been informed of the Liver Biopsy Instructions as outlined above. I have been given the opportunity to voice my questions and/or concerns and have them explained to me by the clinical staff. I have also received a copy of the guide of medications that I am to avoid 7 days prior and 5 days after my procedure. I understand that I am responsible for all charges that may be incurred if I fail to abide by these instructions.

My signature below certifies my understanding and agreement of the Liver Biopsy Instructions.

Patient/Legal Guardian Printed Name

Medical Staff Printed Name

Patient/Legal Guardian Signature

Medical Staff Signature

Date

Date

Provider Signature