



050002

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**DEPARTMENT OF MEDICINE
DIVISION OF GASTROENTEROLOGY/HEPATOLOGY**

Procedure Note: LIVER BIOPSY

Date _____ Time: _____ Inpatient Outpatient

BRIEF HISTORY AND PHYSICAL: _____

DIAGNOSIS: _____

LABS: HCT _____ PLATELETS _____ PT _____ PTT _____ INR _____
OTHERS: _____

IMAGING: _____

OPERATIVE NOTE: _____

DESCRIPTIONS: Risks, benefits, and alternatives of the procedure were explained to the patient. The patient acknowledged understanding and signed an informed consent. The patient was placed in the supine position. The area for biopsy was localized by percussion and ultrasound. The skin was carefully disinfected and then protected with a sterile field. Subcutaneous local anesthesia was achieved with: _____ml of 1% Xylocaine. A small incision was performed at the 7-9th intercostal space, mid-axillary line with a #11 scalpel blade. The patient was in held expiration and with ultrasound guidance the following needle was introduced in and out of the liver parenchyma:

- 16 mm Jamshidi (with the aspiration technique in fast movement)
- 16 mm BioPince 16mm Bard

Number of passes performed: _____, obtaining a liver core biopsy of _____cm in length.

A follow-up ultrasound was performed showing:

- no immediate complication or hematoma complication: _____

The skin area was covered with a sterile dressing and standard post procedure care performed.

The specimen was sent for: Pathology AFB Special Studies:
 Microbiology Fungus Aerobic bacteria Anaerobic bacteria Virus

Fellow MD signature and PIC: _____

Attending MD signature and PIC: _____

- I was present for the entire procedure. I have edited this report as appropriate.
- I was not present for the entire procedure. I personally supervised the Fellow and agree with the above report and findings.