

INFORMATION FOR PATIENTS HAVING A BRAIN BIOPSY

Having a brain biopsy

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Why have I been admitted to hospital?

You have been admitted to investigate the cause of your illness. You have an abnormality that needs further investigation. The specialist services required for your condition are not available in most hospitals and that is why you have come to this unit.

We will undertake a brain biopsy to help establish a diagnosis and future treatment.

What could the problem be?

Common abnormalities include:

Tumours

There are many types of brain tumours. It is important to know the type of tumour, as the treatment varies for different types. So it is important to obtain a tissue specimen, and this can only be done with an operation.

Further research

When the analysis has been completed there may be spare tissue left over. We may be able to improve our understanding of brain tumours by using this tissue for research. Any research is subject to the authorization of a research ethics committee, and personal information is kept confidential. Please discuss with one of your doctors whether you would like any residual tissue to be made available for research, or you would prefer for your tissue to be excluded from research.

Infections

Sometimes infections can get into the brain. Brain infections that require specialist neurosurgical management include brain abscess and other rarer conditions.

Who will be looking after me?

You are under the care of a consultant neurosurgeon. There are a number of doctors who will see you regularly during your stay called specialist registrars or SHOs (senior house officers). There is also a senior nurse in charge of the ward at all times.

What operations might I have?

There is more than one way to perform a brain biopsy. The consultant will discuss with you which is best for you.

1) *Image-guided brain biopsy* You are put to sleep, and then a tiny hole is made in the skull. A needle is passed into the abnormal area and a sample of the abnormal tissue is removed. The procedure takes about 1-2 hours.

2) *Image-guided craniotomy for removal of the abnormality* In some cases it is appropriate to try to remove a substantial amount of the abnormality. In this case a craniotomy is performed where a piece of bone is removed from the skull in order to provide adequate access. The procedure takes about 2-4 hours.

What are the risks of the operations?

Any operation on the brain is not without risks. These depend on the position of the abnormality, the type of operation being performed and the well-being of the patient before the operation. Serious risks include infection, bleeding, stroke, fits and even death. Serious complications are uncommon but cannot be ruled out completely. Roughly 1 in 100 patients have some form of complication. Talk to staff about the particular risks you face.

We ask you to sign a consent form before having the operation. Please make sure you have asked as many questions as you want before signing this.

Remember that the benefits of having the biopsy are that we can get a clearer idea about your particular condition and so decide on the most appropriate treatment for you.

What happens before the operation?

It is important to ensure that you are as well as possible before operating on the brain. On arrival the nursing staff will ask a number of questions about your general health. The doctors will also ask a number of questions concentrating more on your symptoms.

You will have some tests to check on your general health and some specific tests based on the operation you will have. These include blood tests, x-rays, electrocardiogram (ECG), and scans such as CT

(computerised tomography) or MRI (magnetic resonance imaging). The doctor will choose the tests most appropriate for you - you may not require them all.

You may be given a medication called dexamethasone. This is a steroid that reduces the swelling in the brain and so reduces symptoms, making surgery safer. The doctor will explain what operation you are to have and discuss any risks, and will then ask you to sign a consent form. An anaesthetist (who puts you to sleep for your operation) will also see you.

What happens after the operation?

You wake up in the recovery ward next to the operating theatre. It may be necessary to spend several hours there, and sometimes you have to spend some time in the intensive care unit. You may be a little disorientated initially. You may also have some bruising or facial swelling. You will have a head bandage or dressing to keep the wound clean. You will be attached to a number of tubes and devices. There will be drips to ensure that you do not get dehydrated or have a low blood pressure. In many instances you will have a catheter to drain your urine.

All these tubes will be removed over the next few days as you continue to improve. Also the dose of steroid will be gradually reduced as you improve. It is very important that you do not stop the steroids suddenly as this can be very dangerous. Surgical clips are often used to close wounds; these will be removed 5 to 7

days after the operation. If you are at home by then they can be removed by your GP or by attending the ward.

Leaving the hospital: discharge/transfer

Once you do not require the specialist services of our neurosciences unit and you are well enough arrangements for discharge or transfer back to the referring unit will be made. If you have arrived from another unit closer to home it is important to get back to that unit, as help at home is more readily available locally. The doctors and nurses will write a comprehensive summary of your stay at the unit before your transfer.

If you are to be discharged home from the unit we have a dedicated team including occupational therapists, physiotherapists and specialist nurses who will help you make the transition from hospital to home. You will not be discharged home unless it is safe and appropriate.

Results

It usually takes about a week to establish the biopsy results. As soon as we receive them we will plan to discuss them with you. We do not give these results over the phone. We advise you to have family and/or friends with you for this discussion. We will confirm how we will contact you when you leave the ward.

What happens next?

The results of the biopsy will determine what happens next. Possible future treatment will be discussed with you when you receive the biopsy results. Some people

find it helps to write down information they are given at the time. You will have a follow-up appointment in the appropriate clinic.

Important information about driving

You must not drive after brain surgery. You should contact the DVLA. They then ask for a medical report from the neurosurgical department. Based on this report the DVLA will decide whether it is safe for you to drive.

Telephone: 0870 240 0009

Fax: 0870 850 1285

E-mail: drivers.dvla@gtnet.gov.uk

Royal Free clinical teams

Ward 11 south 020 7830 2735

Matron 020 7794 0500 ex 34016
bleep 1116

Clinical nurse specialist 020 7794 0500 ex 35035
bleep 2019

Consultant's office 020 7830 2097/8

Support organisations

Cancerbackup 0808 800 1234

<http://www.cancerbackup.org.uk/Cancertype/Brain>

British Brain & Spine Foundation 0800 328 5758

http://www.brainandspine.org.uk/information/publication_s/brain_and_spine_booklets/brain_tumour/index.html

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