



## Puncture / Biopsy

Chest, thyroid and superficial soft tissue

INSTITUT DIAGNOSTISCHE UND  
INTERVENTIONELLE RADIOLOGIE

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Name:

First name:

Date of birth:

### Dear patient

In the following, you will find some important information about the recommended puncture or biopsy.

#### What is a puncture / biopsy?

A puncture / biopsy involves the collection of a fluid or tissue sample from a particular body region. This collection is performed under ultrasound or computer tomography (CT) image control. The extracted material is examined in an external laboratory.

#### The examination procedure

The puncture / biopsy is performed by the radiologist, as well as specialised radiology personnel. You will be laying in an abdominal position on the examination couch. Usually, images are taken once more of the target area. After that, the area is thoroughly disinfected and, in many cases, desensitised with local anaesthesia. Under image control, the radiologist places the needle in the target area, where the fluid or the tissue samples are being taken. Depending on the circumstances, this procedure is repeated.

#### Possible side effects

With this kind of puncture / biopsy, you are looking at a small procedure, which usually proceeds without complications.

As it is the case with all medication and substances, allergies to the local anaesthetic are possible in rare cases.

A haematoma may form at the extraction point, which is, however, usually harmless. Injuries or inflammation of surrounding structures are very rare and treatable complications.

#### After the examination

Avoid physically demanding activities after a puncture / biopsy. We will cover the extraction point with a plaster, which should be removed at the earliest 24 hours after the procedure.

We may ask you to answer the following questions.

Do you take blood-thinning medication?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you suffer from...		
... any allergies? (local anaesthetic, plasters...)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Which ones?		
... a blood-clotting disorder?	<input type="checkbox"/> yes	<input type="checkbox"/> no
For women of childbearing age:		
Is there a chance that you are pregnant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you breastfeeding?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Our personnel is available with help and advice, should you have questions or feel unsure about anything.

I confirm hereby that I took note of the information, and that I have answered the above questions truthfully. With my signature, I consent to the examination.

Date:	Signature of the patient: (or the person in charge)
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*Visum Radiologe:*