

Skin biopsy

Information to support consent



Information for patients Neurology

What is a skin biopsy?

A skin biopsy is the removal of a small piece of skin, usually from the outer lower leg about 10cm above the ankle and/or from the upper outer thigh.

Why may a skin biopsy be useful?

Skin biopsies can help us make or rule out a diagnosis of small fiber neuropathy. Small fiber neuropathy is suspected when there are symptoms of burning or freezing pain, prickling, or painful sensitivity to touch. Typically in these cases, nerve conduction studies have ruled out large nerve damage. Since tests for small nerve fiber damage are unreliable, skin biopsy is recommended as this can be analysed to obtain a direct measurement of the number of small nerve fibers in your skin. This is considered the most accurate measure of the diagnosis.

What does the procedure involve?

Before

- We will need to know what medications you are currently taking, so please bring a list with you.
- Please tell the doctor/nurse if you are allergic to plasters or local anaesthetic.
- You do not need to stop medications like aspirin, clopidogrel, warfarin or other anti-coagulants, although being on these drugs can increase your risk of bleeding.
 - If this does happen the wound will require pressure to be applied for a longer period and very occasionally you might need a single stitch.

During

- Skin biopsies are carried out using local anaesthetic.
- A doctor or a specialist nurse will perform the procedure.
- The skin is cleaned with antiseptic.
- A small amount of anaesthetic is injected into the skin to numb it. This may sting for a few seconds.
- When the skin is numb a small circle of skin (3mm) is removed using a special tool shown in the picture.
- Sometimes up to three skin samples are taken.
- The wound is usually closed with a steristrip dressing. Some patients might need stitches, though this is rare.

After

- After the procedure we ask you to stay for half an hour in the waiting area.

Can someone be with me?

Yes. You are welcome to bring someone with you. This is limited to one person due to lack of space.

How long will I be in hospital for?

The actual procedure usually takes about 10 minutes, though you should expect to be with us for an hour including the 30 minutes of observation.

Are there any risks I need to be aware of?

As with any procedure there are some risks you need to be aware of. The following risks are rare but noteworthy in having a skin biopsy:

- Bleeding
- Infection of biopsy site
- Pain
- Scarring - this is usually red at first but will fade with time
- Slight numbness
- Processing failure of the biopsy
- Very rarely some patients might develop a reaction to anaesthetic or plaster.

Are there any alternatives to having a biopsy?

Yes. Whilst skin biopsy provides the most accurate results, some idea of small nerve fiber function can be obtained using other non-surgical procedures. Quantitative sensory testing/thermal threshold test (TTT) or sudomotor function assessment using a machine called SUDOSCAN which are both non-invasive and can be used instead of a biopsy.

TTT might not be appropriate for those older than 65 years as we do not have data to compare your findings and SUDOSCAN only provides an indication and is therefore limited in helping us to draw accurate conclusions.

It is likely that you will have had the SUDOSCAN if you attended the small fiber neuropathy clinic in Sheffield.

What will happen if I decide not to have a biopsy?

If you don't wish to have a biopsy, we will attempt to make a diagnosis from the information and test results you have already undergone.

How should I expect to feel afterwards?

Pain

Patients usually report very little pain or discomfort, however if there is significant pain, we advise you to take simple painkillers such as paracetamol or ibuprofen. If your pain still persists you can call **0114 271 1715** for further advice or contact your GP.

Steristrips

- Keep the steristrips dry and the wound completely dry for at least 5 days.
- Keep them on for 10 days after the procedure.
- To remove the steristrips soak them with water and carefully peel them off.
- If they do not come off easily, trim them and allow them to fall off naturally.

Stitches

- Keep your stitches dry for 2 days.
- Arrange an appointment at your GP practice after 10 days time to have them removed.
- Swimming should be avoided until the stitches are removed.

Is there anything I should look out for after the procedure?

- If the wound starts to bleed press firmly on the area for up to half an hour.
- If bleeding persists contact your GP or practice nurse.
- If the wound area becomes infected please either call us back on **0114 271 1715** or contact your GP. Signs of infection include becoming increasingly red, a thick/milky discharge or feeling feverish.

Who should I contact if I have any concerns?

If you have any questions or concerns you can call Shirley Packwood on the Neuro Day Care Unit on **0114 271 1715**. If you have any concerns about your wound, you should go to your GP. If bleeding is excessive you should go to Accident and Emergency.

When will I be able to resume normal activities?

You can resume normal activities after 30 minutes following the procedure if you are feeling comfortable.

When will I get the results?

You should receive results within about 2-4 weeks.

Where can I find further information?

If you would like more information please don't hesitate to ask your consultant or the person performing the skin biopsy (consultant or a nurse practitioner).

Signing the consent form

Before you have a skin biopsy it is important that you understand:

- what the procedure involves
- what happens to your skin sample
- how you will be given the results of the test
- what the implications of the result might be

We need your written permission to perform a skin biopsy, so please do ask if there is anything you don't understand before signing the consent form.

We might need to take up to three skin samples. One of these samples we may use to improve the quality of our reports or to develop the service, if this is the case we will discuss this with you.

There are also occasional opportunities to be involved in research. If this is relevant we will provide further details and also request additional permission (consent) from you to engage in research or to use the left over tissues for service development and or research.



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