



**SAN JOSE GASTROENTEROLOGY**  
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**INFORMED CONSENT FOR LIVER BIOPSY**

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

A liver biopsy is a procedure that involves obtaining a small piece of liver tissue, which is then analyzed in the laboratory. It is recommended to diagnose a problem or determine the severity of a liver disease that was previously diagnosed. A liver biopsy can provide essential information to guide a patient's treatments.

There are risks to this procedure, although we believe that the potential benefits outweigh the risks.

1. Bleeding — Significant bleeding after a liver biopsy occurs in approximately 0.3 percent of biopsies (3 in 1,000). The bleeding often stops on its own. With severe bleeding a blood transfusion and/or surgery, or angiography (a procedure in which the bleeding site is identified and treatment to stop the bleeding is carried out) may be required if the bleeding is severe or does not stop on its own.
2. Perforation — The biopsy needle may inadvertently pierce organs that are adjacent to the liver. These include the lungs, kidney, small intestine, and gallbladder. This does not usually cause a serious problem. However, perforation of the gallbladder may cause bile peritonitis.
3. Bile peritonitis —Leakage of bile from gallbladder or bile duct injury after a liver biopsy can cause irritation of the lining of the abdomen. It usually resolves on its own. Removal of the gallbladder may be required
4. The medications that we give you to prevent pain and discomfort (Versed and Fentanyl), can cause adverse reactions such as severe allergic reactions, redness and swelling of the arm, suppression of breathing or cardiac arrhythmias. There is also no guarantee that you will be free from pain during the procedure.

If you want more time to consider this procedure or have further questions, please ask us.

**HAVING READ AND UNDERSTOOD THE ABOVE, I FEEL THAT THE BENEFITS OF THIS PROCEDURE OUTWEIGH THE RISKS. I HAVE DISCUSSED THE RISKS, ALTERNATIVES, AND HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

In presence of: Spouse \_\_\_\_\_  
 Parent \_\_\_\_\_

Companion: \_\_\_\_\_  
 Patient alone: \_\_\_\_\_

Staff \_\_\_\_\_