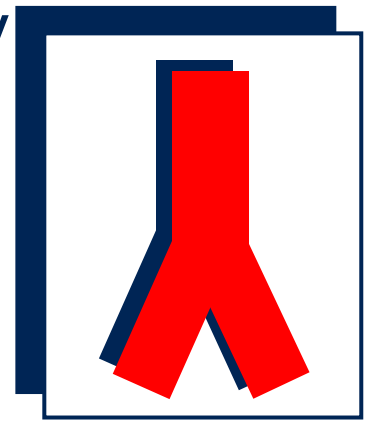


Will Butcher – Vascular Surgery

Patient information

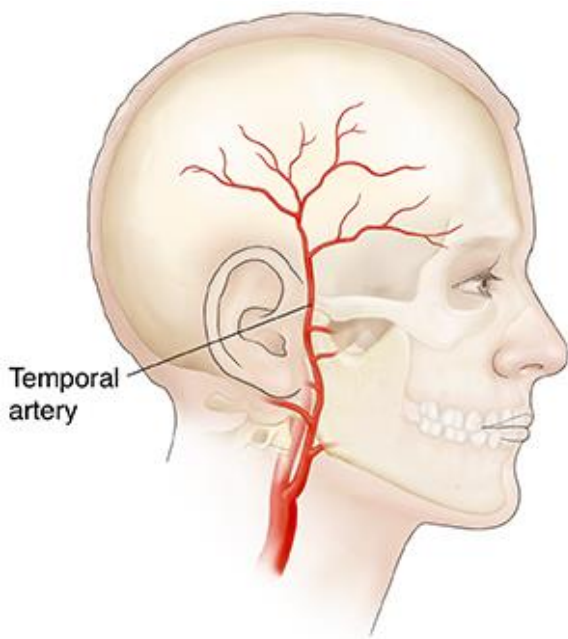
This information sheet is to help you understand the operation:

Temporal Artery Biopsy



What is a Temporal artery biopsy?

Your GP or specialist is concerned that you might have a condition called temporal arteritis. This is also sometimes known as Giant Cell arteritis. A temporal artery biopsy is undertaken to remove a small section of the temporal artery and send it away to the laboratory for analysis. The temporal artery is located on the side of your head just behind and above the eye.



Why do I need this test?

The treatment for temporal arteritis is often long and the medication (Prednisone) has some side-effects so it is good to be certain that you need the treatment before starting. The biopsy will provide more certainty in the diagnosis.

What is Temporal arteritis?

Temporal arteritis is an inflammatory condition of the arteries. It can affect arteries other than the temporal artery. People who have the condition are usually older. The symptoms include one sided headache, visual symptoms

and pain in the jaw while eating. General symptoms like muscle aches and pains as well as fatigue. Scalp and facial tenderness also occurs. Blindness in the affected eye can occur and is one of our biggest concerns. One of the problems is that the symptoms may be a little vague and often other conditions may be considered, and indeed some people who are thought to have temporal arteritis actually have something else. Typically, once the medication is started relief of the symptoms is prompt, so much so that if the biopsy is delayed for much more than a week after the medication is started the biopsy may be of little value as the artery may have recovered.

What does the procedure involve?

After you come into the operating area, I will usually use an ultrasound machine to locate the artery accurately and mark it. Once this is done, I will anaesthetise the area with a few small injections of local anaesthetic. This anaesthetic is usually very effective but if there is any pain during the procedure it can be "topped up". After a brief wait for the local anaesthetic to have its full effect, we clean the area and then cover most of your body with sterile towels. It is not really necessary to cover your face, so those who are worried about claustrophobia should not be concerned. It is also not necessary to shave any hair from your head, I usually use a little sterile gel to keep it out of the way.

The operation takes about 10 to 15 minutes while I find the artery and remove a section about 2cm long, this is sent away. An electrical current (diathermy) may be used to stop any minor bleeding vessels. This means that a sticky pad is placed on your leg or tummy. The pad can feel very cold when it is first put on, but it warms up

quickly. The temporal artery itself is tied off with a suture. The blood supply in this area is very robust so it is not necessary to repair the artery. The wound is then closed with some dissolvable sutures. After the operation is complete, no dressing is needed, I simply apply a smear of an antibiotic ointment. You will continue to apply this for 5 days afterwards.

The surgery is usually not much more dramatic than having a small skin cancer or mole removed.

After the surgery you may go home after a short period of observation. If you are already an inpatient, the main doctor looking after your care will confirm when you are ready to go home.

After the Surgery:

Sometimes the wound may bleed a little, just wipe this away with some clean water and a cotton wool ball or a moist tissue. If the bleeding is more dramatic you should return to hospital but this is very rare.

You should continue to apply the ointment twice a day for about 5 days. This is an antibiotic ointment and will prevent infection and crusting of the wound. Just smear about a pea sized blob of ointment on the wound while checking in a mirror.

The wound is usually not too painful, some Panadol is all you should require for pain.

In the unlikely event that the wound becomes infected (Red and sore and hot) your GP may prescribe an antibiotic.

The results will usually be available within few days, you should return to your referring doctor to get these results, but I can call you if this is impractical.

Preparing for the surgery

There is no specific preparation necessary. Since the operation is usually done under local anaesthetic no fasting is necessary. If we have discussed sedation as part of the anaesthetic for some reason, then it will be necessary to fast completely for 6 hours prior to the procedure.

We will usually discuss this with you prior to the surgery, or you can phone the rooms and ask.

Blood thinners may have to be stopped prior to the surgery. Aspirin does not have to be, you should ask about the other agents and how long they need to be with-held. In some cases where stopping blood thinners is thought to be hazardous, I can undertake the surgery whilst still taking the blood thinners.

Are there any risks?

This is a very low risk operation with a very low risk of either bleeding or infection. Wounds in this region usually heal very well. The biggest risk relates to the biopsy results. If the biopsy is positive then that confirms that you definitely have the disease. However, although a negative result may mean you do not have temporal arteritis, you may still have the disease. It will be up to your referring doctor to decide if ongoing treatment is still required in the face of a negative biopsy.