

Respiratory medicine

Pleural biopsy

Information for patients, relatives and carers

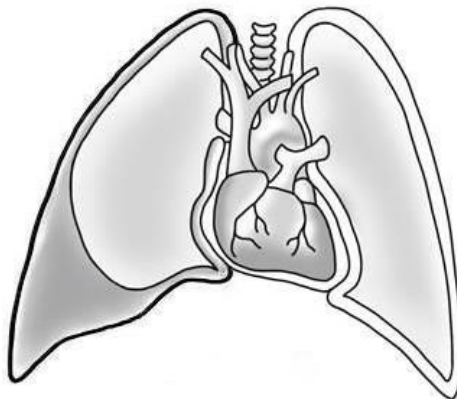
Introduction

This leaflet explains what a pleural biopsy is and how to prepare for the procedure. Please ask us if you have any questions about the information below.

Please note: a pleural biopsy is often carried out with a pleural aspiration. We have a separate information sheet about pleural aspiration, but the procedures are very similar.

What is pleural biopsy?

A biopsy is a simple procedure which involves taking small pieces of your body tissue. In a pleural biopsy, we pass a small needle through your chest wall into the lining of your lung (the pleural) to take some small biopsies.



Why do I need a pleural biopsy?

We have recommended this because imaging studies have revealed that the lining of your lung is thicker than usual. We don't know why this has happened, and a pleural biopsy allows us to do more tests to understand the reason.

How do I prepare for my pleural biopsy?

Please ensure we have your correct telephone numbers (**including your mobile phone number**), and ideally an email address for you. We will contact you by telephone a few days before your procedure to confirm your attendance. If we are unable to reach you, we'll give your appointment to someone else who is waiting.

Please tell us as soon as possible (at least 48 hours in advance) if you will need an interpreter.

Bring any glasses you need for reading, as you will need to read and sign a consent form (even if you have already given digital consent on another day).

Bring all your medications. We need details of **all** your medications, allergies and any medical conditions.

It is important to tell us in advance if you take blood-thinning medications as we usually temporarily stop these before your procedure. The details below explain what to do with any blood-thinning medications. Please contact us if you are not sure what to do.

Blood-thinning medication instructions

Warfarin	Usually stopped 5 full days before the procedure. You will need an 'INR' blood test 1 to 2 days before your procedure to make sure your 'INR' is below 1.5. Please tell us if you are on warfarin and why, as in some situations, we might give you an alternative shorter-acting agent to take instead, in the lead-up to your procedure.
Aspirin	Do not take on the morning of the procedure
Clopidogrel	Usually stopped 7 full days before the procedure
Dipyridamole	Usually stopped 7 full days before the procedure
Ticagrelor	Usually stopped 7 full days before the procedure
Rivaroxaban	Usually stopped 2 full days before the procedure
Apixaban	Usually stopped 2 full days before the procedure
Dabigatran	Usually stopped 2 full days before the procedure
Dalteparin (injections)	Usually stopped 1 full day before the procedure
Enoxaparin (injections)	Usually stopped 1 full day before the procedure

You should take all your other medications as usual on the morning of the procedure.

What will happen on the day?

If you are not already an in-patient, and are having the procedure at St Mary's Hospital, please come to the reception desk in **Endoscopy, second floor, Queen Elizabeth the Queen Mother (QEQM) building** at the time you have been given ([Imperial College Healthcare NHS Trust | Hospital map](#)).

If you are not already an in-patient, and are having the procedure at Charing Cross Hospital please come to **Endoscopy, first floor, pilot block**, at the time you have been given ([Imperial College Healthcare NHS Trust | Charing Cross Hospital site map](#)).

When you arrive, please check-in with our receptionist who will ask a nurse to greet you and take your blood pressure, heart rate and temperature. They'll ask you a few questions about your medical history, medications and any allergies. Please tell us if you might be pregnant.

We will explain the procedure to you again and you will have the opportunity to ask any questions before completing the consent form.

We do pleural biopsies in a procedure room. You will be asked to lie in a comfortable position by the doctor. The doctor will usually do an ultrasound scan to find where best to perform the biopsy. They will put some jelly on your chest which might be cold, but it isn't painful. The procedure is usually done at the side of your chest, below your armpit.

Once you are resting comfortably, we'll clean your skin with an alcohol-containing cleaning solution to kill any bacteria. This fluid often feels cold. We'll inject a local anaesthetic into your skin, to numb the area. This can feel mildly painful, but the pain disappears quickly.

Your doctor will then pass a biopsy needle into the lining of the lung. This should not be painful, although you may feel some pressure or pulling. The needle makes a loud clicking noise. The doctor will take several biopsies, using the ultrasound machine as a guide.

The procedure usually takes between 20 and 40 minutes.

Are there any risks involved in having this procedure?

Pleural biopsy is generally a very safe procedure, with serious complications being rare. The details below apply to all pleural procedures:

Pain

Some patients may experience a degree of pain, but this is rarely severe. The local anaesthetic stings briefly but the aspiration procedure should not be sore. We can give you more local anaesthetic if you need it. After discharge from hospital, your chest could be sore for a little while and you may need some mild painkillers.

Infection

Rarely, patients who have a pleural biopsy might have an infection at the site of the procedure. If this happens we can usually treat it with antibiotics, but you may need to stay in hospital. Very rarely, these infections can be serious and require an operation.

Bleeding

Rarely, patients can develop bleeding. This often settles without any further intervention but might (very rarely) need another procedure to control it. This could include an operation.

Lung damage

There is a small risk of damage to the lung, which could cause air to leak into the space around the lung. This usually needs no specific treatment but could need admission to hospital. We might need to insert a small tube through the skin into this collection of air to drain it.

There is also a small risk that the needle used to access the pleural makes a hole in (punctures) another organ, such as the spleen or liver. This is exceptionally rare and does not usually cause any harm.

What happens after the pleural biopsy?

A nurse will monitor you for up to 30 minutes after your procedure. We often perform a chest x-ray after the procedure. After 15 to 30 minutes, if you feel well, you will be ready to be collected and taken home. We suggest that someone either drives you home or travels with you in a taxi.

Getting the results

The results of your pleural biopsy will not be immediately available. It takes at least 7 days for the biopsy to be analysed properly. We will usually give you an appointment in the chest clinic to discuss the results with your doctor about 7 to 14 days after the procedure. Please contact the pleural team two weeks after the procedure if you have not received an appointment or any updates. Occasionally, we might need to do another procedure to give you a diagnosis.

How to contact us

If you have any questions or concerns leading up to the appointment, please contact the pleural team on **07876138418** or imperial.pleural@nhs.net (Monday to Friday, 09.00 to 17.00).

If you have had a pleural biopsy and experience marked breathlessness, pain, dizziness or light-headedness outside of these hours, please go to your local A&E and take this leaflet with you.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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