

Outpatient PKB Protocol

Pre-PKB

Cell blood count, renal function panel, coagulation profile (prothrombin time, partial thromboplastin, bleeding time, fibrinogen, PFA-100, platelets count), and ECG. Anti-platelets/anticoagulant therapies are screened. In general, antiplatelet agents stopped 1 week prior to the biopsy. Hematologic evaluation is routinely requested in patients requiring therapy adjustment prior to biopsy.

On the day of PKB

Admission at 8:00 AM on the day of the biopsy. Biopsy to proceed if blood pressure is 170/95 mm Hg or less. Otherwise, discuss with attending physician*.

Written consent and explanation of procedure and potential complications of PKB (according to risk in this center).

Ensure biopsy equipment available according to checklist and inform pathology department of expectation of sample for processing.

Desmopressin acetate is routinely administered prior to PKB (0.4 microgr/Kg).

PKB Procedure

Biopsy is performed by a consultant nephrologist with the guidance of the sonographer who also performs an ultrasound examination of the kidney prior to discharge patient. A 18G x 15 cm needle is used.

Post-PKB Management

Pulse and blood pressure post-biopsy are constantly monitored: half-hourly measurements of pulse and blood pressure for 2 hours, then hourly for remainder of stay (up to 4 hours or until discharge). Patient to remain in prone position for at least 2 hours.

Saline administration (1,000-1,500 ml) unless fluid retention to reduce risk of clot formation.

Monitor urinalysis for microscopic or macroscopic hematuria. Observe patient for symptoms of urinary retention.

Review by physician prior to discharge.

Resting for two days.

Advice to Patient

Avoid heavy lifting or exercise for 1 week.

Observe urine for clots and blood. If present, call the renal unit for advice.

If severe back pain experienced, contact the renal unit.

Avoid non-steroidal anti-inflammatory drugs for pain relief.

If any concerns, contact the renal unit.

Note

* If the patient presents with values above 170/95 mm Hg, we administer nifedipine oral drops (up to 10 mg) and/or captopril 25 mg and monitor blood pressure every 10 minutes. PKB is performed if blood pressure is stably controlled at 170/95 mm Hg or less, otherwise PKD is postponed till blood pressure stabilization.