

## Patient and Carer Information

## Temporal Artery Biopsy

---

Your Doctor suspects you have a condition called Giant Cell Arteritis (GCA), which is caused by inflammation in the blood vessels.

The treatment of GCA is a high dose of anti-inflammatory medication called steroids. Steroids need to be started straight away to prevent the serious effects of GCA.

The long-term use of steroids however can lead to side-effects such as weight gain, thinning of the bones and diabetes.



Usually high doses of steroids are enough to treat GCA. However, in some people the symptoms do not get better as expected. In these people, more powerful treatment is required or the diagnosis is not GCA.

### Why do I need a Temporal Artery Biopsy and what are the benefits?

It is important to be able to confirm the diagnosis of Giant Cell Arteritis, and the best way to do this is a biopsy of the temporal artery.

If the biopsy does not show any evidence of GCA, and the Doctor is satisfied that you do not have GCA, it will be possible to stop the steroid treatment.

### What is a Temporal Artery Biopsy?

A Temporal Artery Biopsy involves the surgical removal of a small piece of the temporal artery from the temple region. This is then sent to a pathologist to examine under a microscope. Temporal Artery Biopsy is not a treatment in itself.

### Do I need to do anything prior to the surgery?

Prior to surgery you can eat, drink and take medications normally. If you take Warfarin, you will need to stop taking it three days prior to your surgery.

### What happens on the day of surgery?

- You will be asked to sign a consent form prior to your surgery. The procedure and any risks involved will be explained to you. By signing this you agree that the risks/benefits have been explained to you, and that you agree to the operation.
- The procedure takes place in the operating theatre.
- You will need to lie still for 30-45 minutes.
- Local anaesthetic is used to numb the area, then a small section of the artery from your temple region is removed. Usually only 2cm in length.
- We may need to shave a small area of your hair where we will take the biopsy at the side of your head. This usually regrows very quickly.
- The wound is about 3-4 cm long and usually absorbable sutures (stitches) are used.

**Patient and Carer Information**

## Temporal Artery Biopsy

**Are there any risks involved?**

Every operation carries a possible risk, however the risks associated with a temporal artery biopsy are very small.

It is a safe procedure, but the possible complications are:

- Post-operative infection which may appear as redness which progressively increases in size or a continuous wound discharge.
- Increased inflammation and delayed wound healing-temporary redness and swelling to the temple region.
- Bleeding-during the operation and perhaps until the evening of the procedure. If you take Aspirin or Warfarin the risks of bleeding is greater.
- Scarring- this is usually concealed in the hairline.
- Extremely rare risks include
  - Temporary or permanent damage to temple region nerves. This may produce skin numbness or a drooping brow.
  - Stroke: in cases where the patient has been diagnosed as having severe narrowing of the arteries in the neck (carotid artery disease).

If you have any concerns following your operation please contact the Ophthalmology Department (details at the end of the leaflet)

**What happens after the procedure?**

- You will have a small dressing to cover the wound on your temple. This can be left in place until your follow-up appointment.
- For a short time, there may be a small amount of pain after the anaesthetic wears off. Taking painkillers like paracetamol can help ease this pain.
- You will be discharged home following the operation and will need to continue taking your daily steroid dose as advised until your follow up appointment.
- You can carefully wash your hair if you wish.
- Your follow up appointment will be arranged for approximately 1 week after the procedure. At this appointment the biopsy results are usually available.
- Occasionally, even in patients with GCA, the biopsy will be negative. If this happens in your case, your Doctor will discuss this outcome in further detail at your appointment.

**Are there any alternatives to having the Temporal Artery Biopsy?**

There are some other investigations under research, such as ultrasound scanning, however currently these are not developed enough to replace the temporal artery biopsy.

**Ophthalmology Department. Open within the hours of 9.00 – 5.00 Monday to Friday  
(tel. 01423 553195 or 01423 553423 )**

If you require this information in an alternative language or format (such as Braille, audiotope or large print), please ask the staff who are looking after you.