

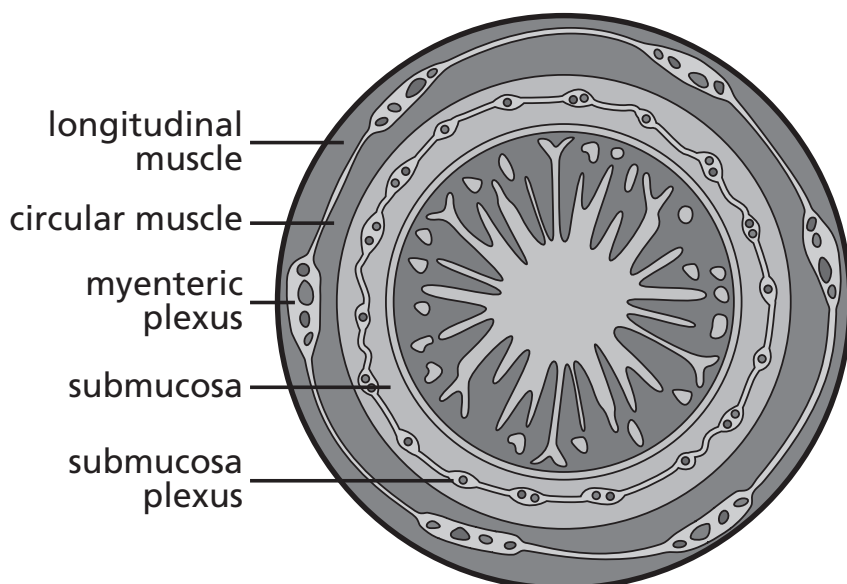


Full thickness bowel biopsy

This information sheet from Great Ormond Street Hospital (GOSH) explains about the procedure to take a full thickness bowel biopsy, what it involves and what to expect when your child comes to GOSH for treatment.

What is a full thickness bowel biopsy?

A full thickness bowel biopsy is a procedure to take a section of bowel for examination under a microscope. It may be suggested as part of investigation of bowel dysfunction. The bowel consists of various layers and a full thickness bowel biopsy is the only way of examining all of them.



What happens before the procedure?

The surgeon will explain the procedure in detail, discuss any worries you may have and ask your permission for the procedure by asking you to sign a consent form. An anaesthetist will also visit you to explain about your child's anaesthetic in more detail and discuss options for pain relief after the procedure. If your child has any medical problems, like allergies, please tell the doctors.

What does the procedure involve?

In most cases, the surgeon will use a combination of keyhole surgery and open surgery for the procedure. If keyhole surgery is not the best option for your child, then a purely 'open' procedure with a slightly larger incision is made. The biopsy may also be done at the time of another procedure. The surgeon will remove a small amount of bowel and stitch the two cut ends together to form a continuous tube again. This is called 'anastomosis'.

Are there any risks?

All surgery carries a small risk of bleeding during or after the operation. During the operation, the surgeon will minimise any bleeding by sealing off the blood vessels affected. There is a very small chance that nearby structures in the abdomen could be damaged during surgery but this is a very rare occurrence.

There is a chance that the area where the two ends of bowel were joined could start to leak, allowing

bowel contents to escape into the abdomen. This is usually treated with antibiotics, but a second operation may be needed to check the leaking portion.

The other risk is that the join could scar and narrow to form 'strictures'. These develop over a few weeks after the operation and can cause pain and vomiting, which requires urgent medical attention.

Every anaesthetic carries a risk of complications, but this is very small. Your child's anaesthetist is a very experienced doctor who is trained to deal with any complications.

Are there any alternatives?

A full thickness bowel biopsy is the only way of examining all of the layers forming the bowel in one procedure. Biopsies of the inside wall of the bowel can be taken using an endoscope (thin tube containing a light and camera) but these are not suitable for diagnosing some bowel conditions.

What happens afterwards?

Your child will come back to the ward to recover. They will have been given pain relief during the operation, but this will begin to wear off. For the first few days, pain relief will usually be given through a 'drip' and then, when your child is more comfortable, in the form of medicines to be swallowed.

After the operation, your child will not be allowed to eat or drink until their bowel is working again. They will get all the nutrients and fluids needed through the drip.

Once the bowel starts to work, the doctors will let you know when you can start to feed your child again, starting with small amounts, and increasing the amount as tolerated. Your child will be able to go home once they are feeding well and comfortable.

When you go home

Your child's abdomen may feel sore for a while after the operation, but wearing loose clothes can help. Your child will need to have regular pain relief for at least three days. As well as the medications, distracting your child by playing games, watching TV or reading together can also help to keep your child's mind off the pain.

The stitches used during the operation will dissolve on their own so there is no need to have them removed. If possible, keep the operation site clean and dry for two to three days to let the operation site heal properly. If your child needs to have a bath, do not soak the area until the operation site has settled down.

You should call the hospital if:

- your child is in a lot of pain and pain relief does not seem to help
- your child is not keeping any fluids down or has signs of dehydration
- your child has a high temperature of 37.5°C or higher and paracetamol does not bring it down
- the operation site is red or inflamed, and feels hotter than the surrounding skin
- there is any oozing from the operation site
- your child develops vomiting – especially green vomit

The results of the biopsy will be reviewed by the Gastroenterology team, who will discuss treatment options with you.

**If you have any questions,
please call Chameleon Ward
on 020 7829 8818**