



INFORMATION FOR PATIENTS UNDERGOING ENDOMYOCARDIAL BIOPSY

Azienda Sanitaria Universitaria Giuliano Isontina

Endomyocardial biopsy is indicated for the diagnosis and treatment of the following pathologies:

- Left ventricular dysfunction – heart failure
- Suspected myocarditis
- Suspected infiltrative heart disease

This procedure consists in taking small fragments (a few millimeters in size) of myocardial tissue: this will help formulate an accurate diagnosis of your heart disease.

This procedure is performed in the hemodynamics room; after a local anesthesia, the doctor will puncture an artery (femoral) or a vein (brachial, jugular or more frequently femoral) and will introduce through it a probe (catheter) that reaches the heart. Under radiological control and using small tweezers (biotome), the myocardial fragments can then be taken.

Predictable outcomes of non-treatment

Non-execution of the investigation implies an incompleteness of the diagnostic-therapeutic procedures aimed at defining and treating your disease

Most common risks of this procedure

Endomyocardial biopsy is a safe procedure, although it can present some complications. They may be secondary to vessel puncture and catheterization (introduction of the probe into the bloodstream) or to myocardial tissue sampling. In the first case it is essentially hematomas (collections of blood; about 4 cases out of 1,000 patients) at the puncture site and damage to the cannulated vessel up to its obstruction.

These complications frequently resolve spontaneously or with pharmacological therapy; sometimes surgery may be needed; they rarely involve more serious risks or cause permanent damage.

Complications related to myocardial tissue sampling are also rare and often transient or without harmful consequences. In fact, intercurrent arrhythmias, conduction delays in the electrical system of the heart, transient chest pain, insignificant aortic or tricuspid valve insufficiency can occur. The most serious risk that may occur is a perforation of the heart walls, with consequent spillage of blood inside the pericardium and possible alteration in normal cardiac function. This rare complication occurs in about 3-5 cases out of 1,000 patients. It can be resolved with pericardiocentesis (puncture of the pericardium to remove blood) or with cardiac surgery (suturing of the heart wall). Perforation-related mortality is statistically 5 cases out of 10,000 procedures. In the hemodynamics room, there are the necessary equipment and trained personnel in order to deal with any emergency.

SPECIAL WARNINGS

ALLERGY TO IODINE

The procedure may include the need to administer a contrast agent containing iodine. Patients with previous allergic episodes following administration of iodine or angiographic investigations must inform the healthcare personnel and undergo particular medical treatment (pre-medication with antihistamines and cortisone) in the previous 24 hours.

PREGNANCY

Due to the use of X-rays, it is necessary to inform the doctors of a possible pregnancy or pregnancy in progress.



THE PROCEDURE WILL BE CARRIED OUT BY ONE OR MORE OF THE FOLLOWING DOCTORS:

- dr. Perkan Andrea
- dr. Rakar Serena
- dr. Vitrella Giancarlo
- dr. Fabris Enrico

HAEMODYNAMICS AND INTERVENTIONAL CORONARY UNIT

Responsible: dr. A. Perkan

CONTACTS

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