

## Bleeding / Pain after Renal Biopsy Guideline

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

Severe bleeding after renal biopsy is uncommon but can rarely be life-threatening. It may become apparent the day after (or even a few days after) a kidney biopsy. Severe bleeding may occur into the urinary space (resulting in visible haematuria, possibly urinary retention due to clots or colic due to clot), into the retroperitoneal space (resulting in pain, haemorrhagic shock), or under the renal capsule (resulting in pain and possibly paradoxical hypertension due to "Page kidney"). The absence of haematuria does NOT exclude bleeding. This guideline is meant to serve as basic advice for initial management to doctors in A&E or general medicine, but ALL PATIENTS SUSPECTED TO HAVE A BLEED SHOULD BE SEEN BY A NEPHROLOGIST as soon as possible.

### This guideline is for use by the following staff groups :

All Medical staff

### Lead Clinician(s)

Dr Martin Ferring

Consultant, Diabetes

Approved by Clinical effectiveness Committee on: 8<sup>th</sup> September 2014

Review Date:

8<sup>th</sup> April 2020

This is the most current document and is to be used until a revised version is available

### Key amendments to this guideline

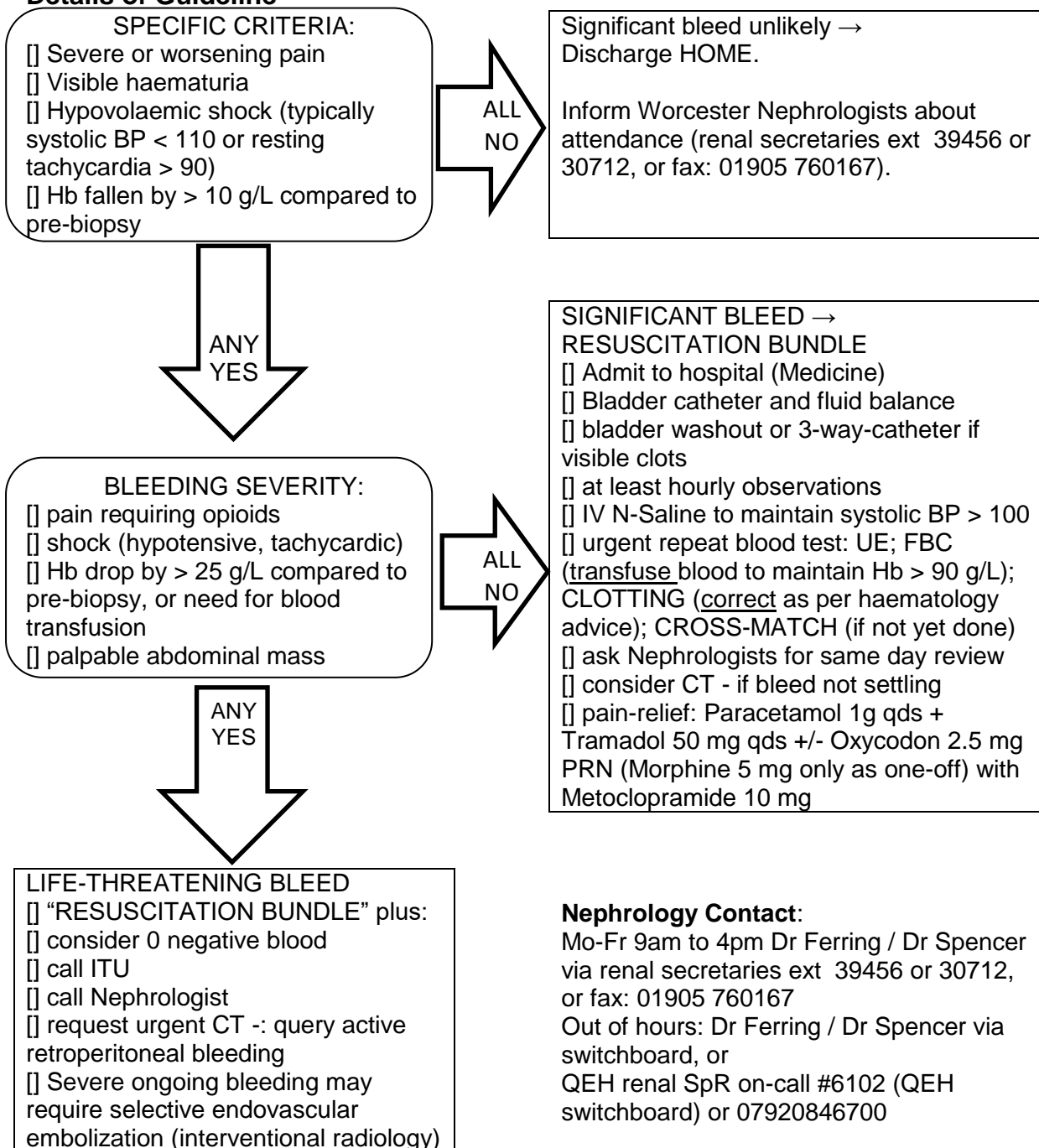
Date	Amendment	Approved by:
May 2014	New guideline	
December 2016	Documents extended for 12 months as per TMC paper approved 22 <sup>ND</sup> July 2015	TMC
October 2017	Document extended for further two years with no changes	Dr Ferring
December 2017	Sentence added in at the request of the Coroner	
January 2020	Document extended for 3 months whilst undergoing approval process	Dr Martin Ferring

## Bleeding / Pain after Renal Biopsy Guideline

### Introduction

Severe bleeding after renal biopsy is uncommon but can be life-threatening. It may become apparent the same day or within a few days after a kidney biopsy. Severe bleeding may occur into the urinary space (resulting in visible haematuria, possibly urinary retention due to clots or colic due to clot), into the retroperitoneal space (resulting in pain, haemorrhagic shock), or under the renal capsule (resulting in pain and possibly paradoxical hypertension due to "Page kidney"). The absence of haematuria does NOT exclude bleeding. This guideline gives basic initial advice to doctors in A&E or Medicine, but ALL PATIENTS WITH SUSPECTED BLEED MUST BE SEEN BY A NEPHROLOGIST URGENTLY.

### Details of Guideline



## WAHT-REN-010

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

### Monitoring Tool

1. Periodic audit on renal biopsies (at least every 2 years) by renal / radiology department
2. Systematic case review of every patient with significant bleed (defined as longer than planned in hospital stay for biopsy, or re-admission within a fortnight due to bleeding, or patient requiring blood transfusion within 2 weeks after kidney biopsy)

### References

Whittier WL and Korbet SM: Indications for and complications of renal biopsy. UpToDate Online Wolters Kluwer Health (accessed 06/06/2014; last literature review May 2014; last updated 31/12/2013); URL:

[http://www.uptodate.com/contents/indications-for-and-complications-of-renalbiopsy?source=search\\_result&search=renal+biopsy&selectedTitle=1%7E150](http://www.uptodate.com/contents/indications-for-and-complications-of-renalbiopsy?source=search_result&search=renal+biopsy&selectedTitle=1%7E150)

### Contribution List

#### Key individuals involved in developing the document

Name	Designation
Clair Burton	Specialist nurse haematology

#### Circulated to the following individuals for comments

Name	Designation
Dr Stephen Spencer	Renal Consultant
Dr Sharan Wadhvani	Radiology Consultant

#### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Dr Nick Hudson	Consultant Gastroenterology and Medical Director

#### Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
	Directorate meeting
	Clinical Effectiveness committee

## WAHT-REN-010

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### Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	n/a	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	n/a	
7.	<b>Can we reduce the impact by taking different action?</b>	n/a	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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It is the responsibility of every individual to check that this is the latest version/copy of this document.

### Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval