

Omental Biopsy and Ascitic Drain

Patient Information

Gynaecology Service

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Omental Biopsy and Ascitic Drain

This leaflet has been written to help answer some of the questions you may have about having an omental biopsy and/or an ascitic drain.

What is the omentum?

The omentum is a large piece of fatty tissue that lies near to the womb and ovaries.

What is an omental biopsy?

An omental biopsy involves inserting a needle through the skin to take a sample of the omentum. Local anaesthetic is used to numb the skin. The radiologist uses an ultrasound scan to accurately direct the needle into the area that needs to be sampled. The radiologist is a specialist doctor trained to interpret your scan and perform your biopsy.

A small sample of tissue is removed by the needle. The sample of tissue can then be sent to the laboratory and analysed under the microscope to give your doctor more information and help them decide on the diagnosis and the best treatment.

What is ascitic fluid?

Inside the abdomen (tummy) there is a membrane called the peritoneum, which has two layers. One layer lines the abdominal wall and the other layer covers the organs inside the abdominal cavity. The peritoneum produces a fluid that acts as a lubricant and allows the abdominal organs to glide smoothly over one another. Sometimes too much of the fluid can build up between the two layers, and this is called ascites.

What is an ascitic drain?

An ascitic drain is a fine tube inserted into the abdomen to drain the ascitic fluid, this usually stays in place for approximately 6 to 8 hours and an overnight stay in hospital is not always necessary.

Why do I need an omental biopsy?

The multidisciplinary team (MDT) have recommended that you need an omental biopsy to help find out what is wrong with you and plan the right treatment. Often this is performed to diagnose ovarian cancer when surgery may not be appropriate as the first treatment option.

What preparation is needed before an omental biopsy?

You will usually have a blood test done before the biopsy to check how well your blood will clot. This is to make sure that you are not likely to bleed heavily following the biopsy. You will need to sign a consent form before the procedure to say that you understand what it involves, and the risks of the procedure.

Do I need to fast before the biopsy or drain?

You do not need to fast. A light meal is advisable 1 to 2 hours prior to the procedure. You may drink as normal. If you are taking any blood thinning medication please let your specialist nurse know immediately. This medication will need to be stopped prior to the biopsy.

Are there any risks with the procedure?

An omental biopsy is a very safe procedure, performed by experienced doctors. The most common risks include bleeding, infection, and accidental injury of surrounding parts of the body. As with any procedure there are risks, but it is important to realise that the majority of women do not have problems. Rarely, there may not be enough suitable tissue obtained and the laboratory will report that it is inadequate for a diagnosis. This may mean that the biopsy needs to be repeated.

How is it done?

The procedure is performed by a radiologist (a specialist doctor) using ultrasound scan or CT scan for guidance. The scan helps the radiologist to identify the appropriate site for the biopsy. You will be asked to lie on a couch on your back and the abdominal (tummy) skin will be cleaned with antiseptic. Local anaesthetic will be injected into this area which may sting a little. This causes the skin to become numb. A special hollow needle is then gently pushed through the skin into the omentum. As the needle is removed a small sample of omental tissue is obtained.

After an omental biopsy and/or ascitic drain

You will be transferred to a ward where you will be encouraged to stay on your bed for around 4 hours. If you have had a biopsy only and no drain, you should be able to go home soon after the 4 hours recovery time. If you have had an ascitic drain you will need to stay longer until the drain has stopped draining. Occasionally you may need to stay in hospital overnight. You may have some mild discomfort which is usually eased with painkillers. You will have regular observations when you arrive back on the ward. The drain will be removed before you go home.

When will I get my results?

The result of the biopsy may take 7 to 14 days to come back. The results of the biopsy will be discussed at the specialist gynaecology MDT meeting and an appointment will be made for you to attend a clinic appointment with the gynaecologist consultant for the results of the biopsy and your treatment plan.

If you are worried or do not feel well please contact your specialist nurse or Swinley Ward.

Gynaecology Oncology Specialist Nurse Telephone: 01942 264694

Out of hours - Swinley ward Telephone: 01942 822568

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The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



https://www.wrightingtonhospital.org.uk/media/downloads/sdm_information_leaflet.pdf

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