

BIOPSY

Patients scheduled to have a biopsy should be familiar with certain information. If there are further questions please do not hesitate to ask.

1. **WHAT IS A BIOPSY?** The removal and examination, usually microscopic, of tissue to establish a precise diagnosis. This process may involve the removal of soft tissue or hard (bone) tissue.
2. **WHAT IS THE BIOPSY PROCESS?** Incisional (removing a portion of the lesion) and excisional (removing the entire lesion) biopsies are performed using a carbon dioxide LASER and/or sharp dissection with a blade. If a bone biopsy is necessary, then a rotary drill instrument may be utilized. Since 1991, we have utilized a CO2 surgical LASER in our practice because of the many benefits that it gives to our patients. The most important benefits include: reduced surgical trauma, post-operative discomfort, scarring and bleeding. In addition, the diminished bleeding improves the surgical accuracy.
3. **CAN MY BIOPSY BE PERFORMED PAINLESSLY?** Yes! The most predictable way to control pain and anxiety (nervousness) is through the use of intravenous (IV) sedation (twilight sleep) or general anesthesia (complete sleep). For less anxious patients, we offer local anesthesia (eg. Lidocaine) and nitrous oxide (laughing gas).
4. **WILL I BE MONITORED DURING MY SURGERY?** All patients administered IV sedation or general anesthesia will be monitored with ongoing EKG, pulse oximetry (oxygen saturation of blood), blood pressure and heart rate machines. Your age and health status may also require monitoring and the use of nasal oxygen support.
5. **CAN THE PATIENT EAT PRIOR TO SURGERY?** If a general anesthetic or intravenous (IV) sedation is planned, there should be no food or liquids taken for eight hours prior to the procedure (to do so could result in severe bodily harm). However, you should take your routine daily medicine prescribed by your doctor with a sip of water (Exception: blood thinners and insulin replacement).
6. **WHAT ARE THE ANESTHESIA RISKS?**
They may include nausea, inflammation of the veins (less than 5%), and allergic reactions [a rash, swelling, or even a medical emergency may occur, but that's extremely rare (less than .01%)].
7. **WHAT ARE THE MOST COMMON PROBLEMS AFTER SURGERY?**
 - A. **DISCOMFORT:** May require prescription pain medications. Persistent soreness is often present for several days.
 - B. **SWELLING:** Takes about 2-3 days to reach its peak. Then, subsides over the next week.
 - C. **DECREASED MOUTH OPENING:** The jaw muscles often become stiff and limit the amount of mouth opening for several days. Rarely, the joint itself is affected. Mention it to your surgeon if it is persistent.
 - D. **BLEEDING:** Some mild oozing is normal for up to 24 hours. There may be slight bleeding from the area when you brush your teeth for the first week.
 - E. **INFECTION:** Infections are rare during the first few days after surgery. If an infection does occur, it is more likely several weeks after surgery. Treatment is usually uncomplicated, but you should see your surgeon.
 - F. **NUMBNESS:** A biopsy may be performed in close proximity to the nerves that supply sensation to the teeth, gums, tongue, cheeks, chin and lips. Occasionally these nerves are injured when the biopsy is performed causing numbness and tingling. If this happens, the nerve usually repairs itself. In some case, numbness is permanent.
 - G. **SINUS INJURY:** A biopsy performed near the sinus cavity may cause an opening (hole) in the sinus cavity. The sinus usually heals itself, but further treatment may be necessary.