

## Ophthalmology Department

# Temporal Artery Biopsy

A temporal artery biopsy is a procedure, which allows your doctor to confirm a diagnosis of giant cell arteritis.

### What is Giant Cell Arteritis (GCA)?

Giant cell arteritis (*also known as Temporal Arteritis*) is a type of *vasculitis*, which means inflammation of the blood vessels. It mainly affects the branches of the *external carotid artery*, which is one of the major arteries supplying the head and its structures, including the eyes. This condition usually affects people over the age of 50 and becomes more common as people become older. The main complication of this condition is sudden blindness affecting one or both eyes. Other complications may include double vision, stroke and aneurysms (swellings of the arteries which can rupture or leak). In order to treat and prevent these complications we often use high doses of steroids. It is possible that you may have been started on this already.

### Why do I need a temporal artery biopsy?

A temporal artery biopsy can help your medical team to decide whether you have GCA or not. It is important to confirm this, as it will determine whether steroid treatment is needed or not as patients who are confirmed to have GCA will need steroids long term. Other investigations may include blood tests and a temporal artery ultrasound – you may have undergone these investigations already. In some cases we may continue to treat you for giant cell arteritis even if the biopsy is negative or inconclusive.



### **How is a temporal artery biopsy done?**

A temporal artery biopsy is usually done as a day case procedure under local anaesthetic. We may shave any hair that is near the temple in order to access the artery – the hair will usually grow back and hide the scar. The surgeon will then make a cut through the skin in order to access the artery, whereby a sample of the artery will be taken. This procedure is **not a treatment** for GCA however the results of the biopsy may help us to decide what treatment you require.

### **What are the risks?**

This is a relatively safe procedure but occasionally there can be complications. This can include:

- Infection of the wound (we will give you a course of antibiotics following the procedure to reduce the risk of this).
- Bleeding around the wound site.
- Scarring – this is often hidden in the hairline.
- Nerve damage – this could lead to numbness or weakness of the skin and/or face on the same side as the artery being sampled. This may or may not recover over time.
- Incorrect blood vessel may be sampled – rarely the incorrect vessel or nerve may be sampled instead of the artery. If this occurs, we may discuss the need for performing another biopsy
- Stroke – a very rare complication of this procedure.

### **What do I need to do before the surgery?**

Please inform your pre-assessment nurse and doctor of:

- Any allergies you may have (especially penicillin and iodine cleaning solution)
- All medications you are taking including blood thinners such as aspirin, warfarin, rivaroxaban, clopidogrel etc. If you are on warfarin then please inform us if there is any issue with your INR control.

### **What do I do after the surgery?**

In most cases you will be able to go home following the procedure. Please keep the dressing on till your follow up appointment in the clinic. We will give you oral antibiotics to take when you go home. There may be a small amount of pain as the local anaesthetic wears off. You can use simple painkillers like paracetamol as required to help with this. Keep the wound clean and dry for the first 2 weeks after surgery. We will see you around 1-2 weeks after the procedure in clinic with the results of the biopsy. If you have been started on steroids then you must continue this in the meantime.

### **For further information contact:**

- **Mrs Mehta's Secretary – Tel: 024 7696 6508**
- **UHCW Eye Casualty – Tel: 024 7696 6627**

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#### **Document History**

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