

# Temporal Artery Biopsy

## The Eye Unit Patient Information

This leaflet is for patients with a possible diagnosis of Giant Cell Arteritis (GCA) who are considering a diagnostic temporal artery biopsy and can help by answering some common questions.

### What is Giant Cell Arteritis?

In Giant Cell Arteritis (or GCA), inflammation of medium sized arteries including the temporal artery on the side of your head causes symptoms such as headaches, shoulder stiffness, jaw aching, scalp tenderness, and blurred or double vision. GCA can cause loss of vision, so early treatment is vital.

### What is a Temporal Artery Biopsy?

GCA symptoms and signs can be variable making diagnosis difficult. You will have some blood tests, but in many cases a biopsy of the temporal artery can also be very helpful in making the correct diagnosis.

### What will happen during surgery?

You **should not drive** to the hospital on the day of surgery. You will be asked to come to the hospital in good time so there may be a short wait. Your surgeon will first identify the artery using ultrasound which is often partly covered by the hair above your ear which may need to be shaved. The biopsy is carried out through a skin incision following a numbing injection. The biopsy is sent for analysis and the wound is closed with stitches.

### When can I drive and go to work after the operation?

You may start driving and working again as soon as the dressing is removed as long as your vision is clear and you are not light sensitive, but avoid heavy lifting or dirty and dusty environments to reduce the risk of complications.

### Are there any risks or complications?

Serious, significant or frequently occurring risks of surgery are as follows:

- **common (up to 1 in 20)** - scarring, minor bleeding, bruising, swelling, discomfort, pain
- **uncommon (up to 1 in 100)** - no diagnostic result, biopsy of other tissue, infection, wound gaping, hair loss
- **rare (up to 1 in 1000)** - other e.g. facial nerve damage, facial numbness, scalp ulceration
- **very rare (1 in 100,000)** - reaction to anaesthetic, severe or permanent vision loss, stroke

## What to expect after the operation

A dressing will be applied for up to 24 hours. Make sure the area is kept clean and dry. If necessary clean it gently using cooled, boiled water and clean gauze or tissues.

You will be prescribed an ointment, which you should apply to the wound as directed, usually twice a day for seven days.

You will experience some degree of swelling and bruising - cold compresses and elevation of the head will help to relieve any discomfort.

Bruising may take three or four weeks to disappear completely.

Scarring is rarely significant. You may improve the scar appearance by massaging the area with antibiotic or lubricating ointment e.g. Vaseline.

You can return to work when you wish but if you deal with the public, you may prefer to delay your return for around ten days because of bruising and swelling.

It is important to avoid strenuous activity for the first week after surgery.

Do not swim for four weeks because of the risk of infection.

Avoid heavy lifting, running or strenuous gym work-outs for four weeks or you may make bruising and swelling worse.

You may need to have some stitches removed after five to ten days.

## When should I contact the department?

- you have any problems with your vision
- your eye becomes red or painful
- you cannot close your eye properly
- you have bleeding from the wound or a sticky discharge

## Any problems or questions?

For further information and advice please contact:

**Eye Emergency Helpline: 0300 019 4181**

Mon-Sat: **8am-6pm** Sunday: **8:30am-2pm**. Bank Holidays: **8.30am-6pm**.

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