



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

Reviewed on: 8th July 2024

Review Date: 8th July 2027

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

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Key amendments to this guideline

Date	Amendment	Approved by:
May 2014	New guideline	
December	Documents extended for 12 months as per TMC	TMC
2016	paper approved 22 ND July 2015	
October 2017	Document extended for further two years with no	Dr Ferring
	changes	
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
14 th April 2020	Document extended for 6 months during COVID	
	period	
February 2021	Document extended as per Trust agreement	
	11.02.2021	
15 th	Document extended for 6 months to allow for	Specialist
December	thorough review	Medicine
2021		Divisional
		Governance
17 th March	Document extended until the end of the year to	Dr Jasper
2022	allow for thorough review	Trevelyan
June 2024	Minor amendment to flow chart including correct	
	contact numbers and including renal referral e-mail	
	and major haemorrhage policy	

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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 SPECIFIC CRITERIA: Significant bleed unlikely → [] Severe or worsening pain Discharge HOME. [] Visible haematuria ALL [] Hypovolaemic shock (typically Inform Worcester Nephrologists about systolic BP < 110 or resting attendance EMAIL Wah.tr.referal-NO tachvcardia > 90) renal@nhs.net [] Hb fallen by > 10 g/L compared to pre-biopsy SIGNIFICANT BLEED → RESUSCITATION BUNDLE ANY YES [] Admit to hospital (Medicine) [] Bladder catheter and fluid balance [] bladder washout or 3-way-catheter if visible clots [] at least hourly observations **BLEEDING SEVERITY:** [] pain requiring opioids [] IV N-Saline to maintain systolic BP > [] shock (hypotensive, tachycardic) ALL [] Hb drop by > 25 g/L compared to Il urgent repeat blood test: UE: FBC NO pre-biopsy, or need for blood (transfuse blood to maintain Hb > 90 g/L); CLOTTING (correct as per haematology transfusion [] palpable abdominal mass advice); CROSS-MATCH (if not yet done) [] ask Nephrologists for same day review ANY [] consider CT - if bleed not settling YES [] pain-relief: Paracetamol 1g qds + Tramadol 50 mg qds +/- Oxycodon 2.5 mg PRN (Morphine 5 mg only as one-off) with Metoclopramide 10 mg

[] "RESUSCITATION BUNDLE" plus: [] consider 0 negative blood [] call ITU [] call Nephrologist [] request urgent CT -: query active retroperitoneal bleeding [] Severe ongoing bleeding may require selective endovascular embolization (interventional

radiology)

LIFE-THREATENING BLEED

Nephrology Contact:

Mo-Sat 9am to 5pm contact Aconbury 3 01905 760074

Email: Wah.tr.referal-renal@nhs.net
Out of hours: QEH renal SpR on-call
#6102

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[] Be aware of trusts major haemorrhage policy WAH T-KD-001

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 Kluver 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

Contribution List

Key individuals involved in developing the document

Name	Designation
Clair Burton	Specialist nurse haematology

Circulated to the following individuals for comments

The state of the s			
Name	Designation		
Dr Stephen Spencer	Renal Consultant		
Dr Sharan Wadhwani	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			

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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

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Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

ection 1 - Name of (Organisation	1 (please	tick)					
Herefordshire & Wo STP				fordshire C	ouncil		Herefordshire CCG	
Worcestershire Acur NHS Trust	te Hospitals	x Worcesters Council			County	у	Worcestershire CCGs	
Worcestershire Hea NHS Trust	lth and Care		Wye	e Valley NHS Trust		t	Other (please state)	
Name of Lead for A	Activity		•					
Details of								
individuals completing this	Name			Job title			e-mail contact	
assessment								
				1		•		
Date assessment completed								
ection 2								
Activity being assess policy/procedure, document redesign, policy, strategy etc.	, service	Title:	Bleeding	j after Ren	al Bio	psy Gui	deline	
What is the aim, purp and/or intended outo this Activity?								
Who will be affected development & imple of this activity?	,	X F	Service U Patient Carers /isitors	Jser		Staff Commun Other	iities	
Is this:		□ Nev	v activity	existing ac	•	ce a serv	ice, activity or presence?)
	Bl	eeding	after rena	al biopsy g	uidelin	e		

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	INTO TIUS
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups

The reach Foundative Group and explain your rationale. outlined below. Please tick one or more impact box below for each Equality Group and explain your rationale. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Potential	Potential		Please explain your reasons for any
<u>positive</u> impact	<u>neutral</u> impact	negative impact	potential positive, neutral or negative impact identified
	positive	positive neutral	positive neutral negative

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Social/Economic deprivation, travelling communities etc.)				
Health				
Inequalities (any preventable, unfair & unjust differences in health status				
between groups, populations or individuals				
that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?			-	
When will you review this				
EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

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	NII III
Signature of person	
completing EIA	
Date signed	
Comments:	
Signature of person the Leader	
Person for this activity	
Date signed	
Comments:	

























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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.

	Title of document:	Yes/No
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

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