



# Trans Jugular Liver Biopsy (TJLB)

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# Introduction

- Tissue samples are needed for histologic diagnosis of diffuse liver disease
- Transhepatic percutaneous biopsy
- Transjugular liver biopsy (TJLB) is preferred when transhepatic percutaneous biopsy is unsafe

# Contraindications for transhepatic percutaneous biopsy

- Uncorrectable coagulopathy
- Massive ascites
- Morbid obesity
- Grossly shrunken liver

Prior Evaluation with imaging .


COOK MEDICAL

## Liver Access and Biopsy Needle Set

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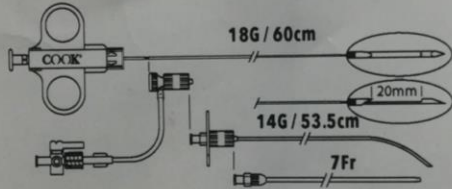
**REF LABS-100**

**REF G08283**



(01)00827002082830


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Rx only

<b>STERILE EO</b>		2018-07			
<b>LOT 6037834</b>		2015-07			<b>PH7</b> <b>DEHP</b>


**COOK** LABS-100




(01)00827002082830(17)180700(10)6037834

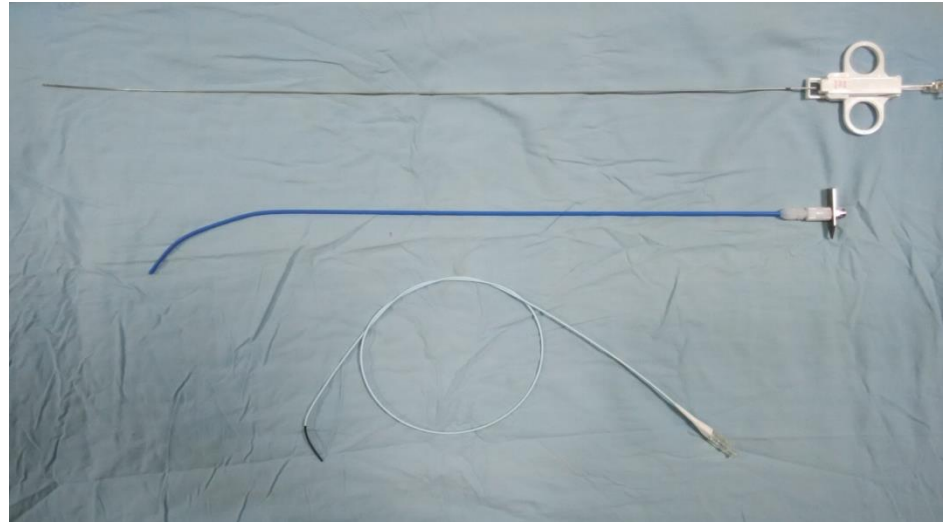
**REF G08283**

CGML REV.2



Cook Incorporated  
750 Daniels Way  
Bloomington, IN 47404, USA  
MADE IN USA  
William Cook Europe ApS  
Sandet 6, DK-4832  
Bislevskov, DENMARK





**RADIFOCUS® GUIDE WIRE M** CE 0197

**REF: RF\*GA35153M**

**0.035" (0.89mm)**  (Max: 0.90mm)

**FLEX L: 150cm**

**3cm L:** 

**LOT: 150702**

**2017-06**

**Contents** 


**ANGLED**













(01)04987350716033 (17)179600(10)150702

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Shizuoka Prefecture, 418-0015, Japan

MADE IN JAPAN

**REF HNBR5.0-38-65-P-NS-MPA**

**MPA**

**5.0 F .038" 65 cm**



**15 cc/sec at 82 bar/1200 psi**

**Beacon® Tip Torcon NB® Advantage Catheter**

William Cook Europe ApS  
Sandet 6 DK-4832 Bislevskov, DENMARK

<b>STERILE EO</b>		2017-07			
<b>LOT 150702</b>		2014-07			<b>PH7</b> <b>DEHP</b>

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CG REV.3

# Preprocedure planning

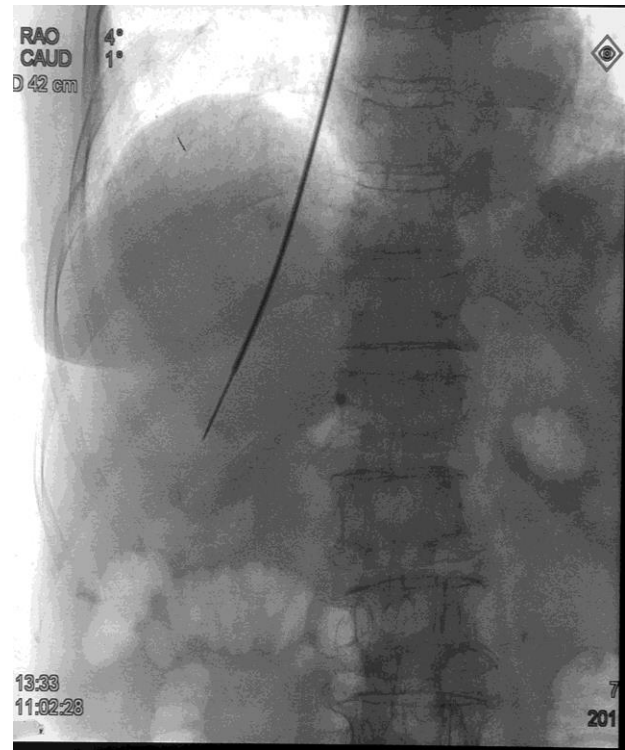
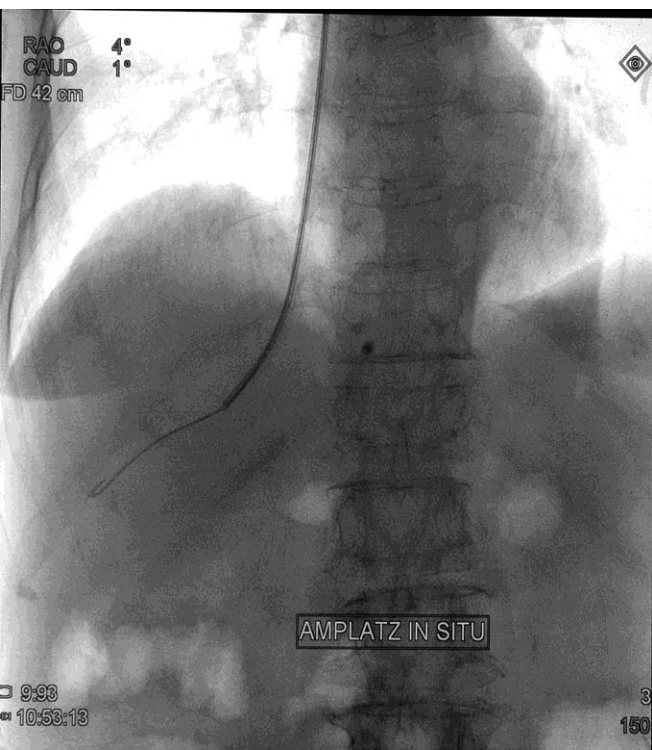
- Prior USG
  - For liver size
  - Ascites
  - Patency of hepatic veins
  - Patency of IJV
- Review of cross sectional imaging

# Technique:

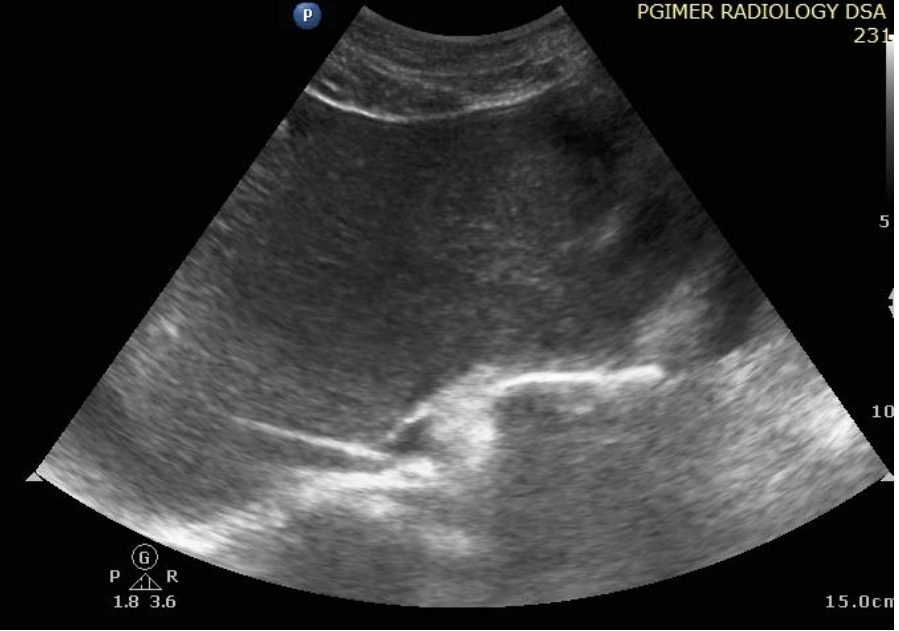
- Right or left IJV is accessed under USG guidance.
- Using fluoroscopy guidance MPA catheter advanced into right hepatic vein.
- Venogram obtained and stainless steel stiffening cannula of LABS 100 set advanced into right hepatic vein over the guidewire

# Technique: Biopsy

- Flexible biopsy forceps or biopsy needle (Quick-Core, Cook Inc) inserted through the cannula
- Cannula and biopsy needle torqued anteriorly within the hepatic vein till resistance is met
- Device is buried in the hepatic parenchyma and triggered, guidance and monitoring done by abdominal ultrasound
- Several tissue specimens obtained







# Results

- Technical success 97%
- Adequate biopsy samples obtained in > 90% patients
- With the Quick-Core biopsy needle diagnostic accuracy approaches 100%

# Complications

Complication rate 0-20%, major 0-2.8%

- Liver capsule perforation
- Abdominal intraperitoneal bleeding
- Access site bleeding
- Pneumothorax.

Most can be avoided by USG guided puncture of IJV and simultaneous USG guidance during biopsy

# Conclusion

- TJLB is indicated in patients with contraindications for transhepatic biopsy
- Relatively safe procedure
- Safety profile increases in case the procedure is monitored with transabdominal ultrasound

THANK YOU !!