

Biopsy for a Brain Tumor

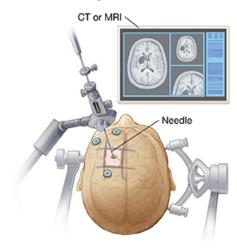
After finding out you have a brain tumor, your healthcare provider may decide that you need to have a biopsy. A biopsy is done by taking out a tiny piece of tissue (called a sample). The tumor sample taken during biopsy will be tested in a lab. Testing can show if a tumor is cancer or not. It can also show what type of brain tumor it is. This will help decide which treatment options are best for you.

In some cases, a biopsy isn't needed because other tests show that the tumor is very likely not cancer. In other cases, a biopsy may not be possible because of where the tumor is.

Learn more about the 2 types of biopsies below.

Stereotactic biopsy

This type of biopsy is often done if a tumor is in a part of the brain that's hard to reach, or near a vital part of the brain. A special frame may be put around your head to hold it still. A tiny hole is drilled into your skull and a long, thin hollow needle is put into your brain. The doctor uses a CT scan or MRI to guide the needle into the tumor. A sample is then taken out through the needle.



Before the procedure

A few days before the procedure, you'll meet with your surgeon and sign consent forms. You'll be told how to prepare and if you can take your usual medicines before the biopsy. You may be told to not eat or drink for some time before the test. Before the biopsy, the hair over the area where the biopsy will be taken may be trimmed. Medicines may be used to help you sleep (general anesthesia). Or you may be awake during the biopsy. If a frame will be used, medicines are used to numb the part of your head where the surgeon will place the frame and drill the hole for the needle.

During the procedure

During the biopsy, a small hole will be drilled in the skull. The surgeon will pass a hollow needle through the hole and into the tumor. Cells taken from the tumor will then be sent to a pathology lab to be examined.

Risks and possible complications of stereotactic biopsy include:

- Bleeding
- Seizures
- Infection

Open biopsy

An open biopsy is done through an opening in the skull (craniotomy). In some cases, craniotomy is done after a stereotactic biopsy. You will likely be asleep or sedated for this procedure. A craniotomy allows an open biopsy to be done and as much of the tumor as possible to be removed. During the procedure, the scalp is cut and a piece of skull bone is taken out. This lets the healthcare provider access the brain. In most cases, the bone is put back in place after the biopsy. Often an early diagnosis is made while you are still in the operating room. This is so the neurosurgeon knows how much surgery will need to be done.

Before the procedure

A few days before the procedure, you will have an exam, meet with your surgeon, and sign consent forms. You will learn if you can take your normal medicines before the biopsy. You may be told to not eat or drink for at least 8 hours some time before the test. Before the biopsy, the hair over the area where the biopsy will be taken may be trimmed. You may be asleep under general anesthesia or stay awake for part of the procedure. You will have anesthesia to numb the part of your head where the surgeon will be operating.

As with any surgery, you may need some help when you return home. Plan ahead. Have people in mind to:

- Drive you home from the hospital and to appointments
- Keep track of the healthcare team's instructions
- Cook and take care of your house
- Help take care of you

© 2000-2021 The StayWell Company, LLC. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.