

The Shin J. Oh Muscle and Nerve Histopathology Laboratory at UAB
Skin Punch Biopsy Procedure

Why perform a skin punch biopsy? Your doctor has recommended a skin biopsy to help find out if you have a form of peripheral neuropathy. This test is particularly useful for patients with symptoms or signs of neuropathy but who have normal EMG and nerve conduction studies. This can occur when the neuropathy preferentially affects the small nerve fibers, as these are not picked up by routine electrodiagnostic studies.

How is it performed? Two small skin specimens, approximately 3 mm in diameter and 2 mm deep, are routinely taken at the thigh and calf. These are obtained by a “punch” biopsy under local anesthesia. This means that the doctor will inject medicine to “deaden” the areas before he/she performs the biopsies. The whole procedure is accomplished with only minimal discomfort to the patient. Both sites are tested as the neuropathy may be worse in the feet or can occur in a spotty distribution.

Care of the biopsy areas: The biopsy sites should be kept dry for about 3 days, and should be covered by an adhesive bandage (any type of bandage is fine) to protect and keep the areas clean. The biopsy sites should be completely healed in 7 – 10 days.

Potential Complications: Complications from skin biopsy procedures are very uncommon. As with any surgical procedure, skin biopsy can be complicated by excessive bleeding and infection. These can generally be controlled by local pressure or antibiotics. If either occurs, contact your physician. Severe allergic reactions to the medicine used to anesthetize or “deaden” the skin have been known to occur. It is possible that a severe allergic reaction could cause death.

There are other potential complications from the procedure you are considering. However, these complications referred to are very unlikely. The purpose of this form is to ensure that you are informed and your decision to have a skin biopsy performed is not made in ignorance of the risks of this type of procedure.

Certify: I have read or had read to me the contents of this form. I understand the risks involved in this procedure.

Signed: _____ Date: _____
(by patient or person legally authorized to sign for patient)

Witness: _____