

The Shin J. Oh Muscle and Nerve Histopathology Laboratory at UAB

Muscle Biopsy Procedure

Your doctor has determined that it is necessary to do a muscle biopsy on you. A muscle biopsy is a procedure in which the doctor makes a small surgical cut over a muscle and takes a specimen of the muscle for further examination. Usually the procedure is done under “local” anesthesia. This means that the doctor will inject medicine into the skin to “deaden” it before he/she makes any cut. The whole procedure is accomplished with only minimal discomfort to the patient. This procedure is not treatment for any disease, but is just an examination. However, your doctor feels that it is essential to your well-being that the information from the procedure be obtained.

Complications from muscle biopsy procedures are very uncommon, but they do occur. As with any surgical procedure, a muscle biopsy can be complicated by bleeding and infection. This can cause prolonged illness, a draining wound, an unsightly and painful scar, the need for a blood transfusion, or the need for further surgery. Nerve damage is possible from muscle biopsy procedures. This could result in numbness, weakness, and pain in the part of the body where the muscle biopsy is done. 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. Occasionally, the muscle that is biopsied is weak, scarred, painful, and stiff after this type of procedure.

There are other potential complications from the procedure you are considering. However, it is not possible to advise you of every conceivable complication. The purpose of this form is not to frighten you or upset you. The complications referred to are very unlikely. The purpose of this form is to ensure that you are informed and your decision to have a muscle 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.

Date: _____

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

Witness: _____