

PMRGCAUK

POLYMYALGIA RHEUMATICA & GIANT CELL ARTERITIS UK

Polymyalgia Rheumatica and Giant Cell Arteritis UK (PMR-GCA UK) is a registered charity established to meet the needs of people with these debilitating conditions by promoting research, raising awareness and offering support.

AIMS

- Research** Promote and encourage research into Polymyalgia Rheumatica and Giant Cell Arteritis.
- Awareness** Raise awareness within the public domain, medical profession, and employment sector. Develop an information base for the public.
- Support** Promote, encourage and assist with the setting up of a national network of Support Groups.

OBJECTS

To advance the education of the public through the collection, assimilation and recording of information and data relating to Polymyalgia Rheumatica and Giant Cell Arteritis by the provision, establishment and maintenance of an educational website, and a network of support groups.

To preserve and protect good health by the promotion of research into Polymyalgia Rheumatica and Giant Cell Arteritis and the dissemination of the useful results thereof for the benefit of the public.

CONTACT DETAILS

PMR-GCA UK CONTACTS

Registered Address:

Centre for Disability Studies, Adult Community College
Rocheway, Rochford, Essex SS4 1DQ
Tel: 0844 4121771; Fax: 0844 8800614
Email: pmrgca@googlemail.com

Secretary: Jayne Sibley

186 Heath Road, Bedworth, Warwickshire CV12 0BN
Tel: 024 76361956
Email: pmrgca@googlemail.com

Treasurer: Alan Walkington

5 Deramore Drive, Badger Hill, York YO10 5HW
Tel: 01904 411832
Email: pmrgca@googlemail.com

Website: www.pmrgcauk.com

DONATIONS

Donations should be made payable to **PMR-GCA UK**, HSBC, Account No 24221400, Sort Code 40-47-31 or forwarded to the Treasurer at the address above.

For information/forms for Gift Aid donations, contact the Secretary on 024 76361956 or e-mail pmrgca@googlemail.com.



Polymyalgia Rheumatica and
Giant Cell Arteritis UK

Temporal Artery Biopsy

Hon President: Professor Bhaskar Dasgupta
Vice-President: John Gibson MBE

PMRGCAUK
POLYMYALGIA RHEUMATICA & GIANT CELL ARTERITIS UK

Registered Charity: No 1128723
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Registered in England and Wales: No 6763889

What is the benefit of having a temporal artery biopsy?

- Your doctor suspects you have a condition called giant cell arteritis (GCA), which is caused by inflammation in the blood vessels. The treatment for this is high doses of anti-inflammatory medication called 'steroids'. This needs to be started straight away to prevent the serious effects of GCA. However, long-term treatment with steroids can lead to side effects, such as weight gain, thinning of the bones and diabetes.
- Usually high doses of steroids are enough to treat GCA. However, in some people, the symptoms do not get better as expected. This either means that more powerful treatment is needed, or it means that the diagnosis is not GCA.
- Therefore it is very important to be able to confirm the diagnosis of GCA. A biopsy of the temporal artery is the best way to do this. If the biopsy does not show any evidence of GCA, and the doctor is happy that you do not have GCA, it will be possible to stop the steroid treatment.
- There is some evidence that the results of the biopsy may give some indication of the severity of the condition.
- Temporal artery biopsy is not a treatment in itself.

Do I need to do anything before the procedure?

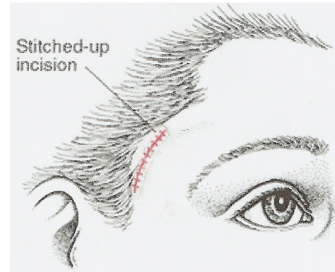
- Prior to surgery you can eat, drink and take medications normally.
- If you normally need to take warfarin, you do not need to stop taking it.

What happens on the day of surgery?

- You will be asked to sign a consent form prior to your surgery. This involves an explanation of your treatment and any risks involved. By signing this you agree that an explanation of your treatment and the

risks/benefits have been outlined to you in writing and that you agree to the operation.

- The procedure takes place in the operating theatre. You will need to lie still for 30 to 45 minutes.



- Under local anaesthetic, which numbs the area, a small section of artery is removed from the temple region. This is usually only 2cm in length.
- The wound is about 3-4 cm long and, normally, absorbable sutures (stitches) are used.
- The biopsy is then sent for examination by a pathologist under a microscope.

Are there any risks involved?

Every operation, no matter how big or small, carries a possible risk. However the risks associated with temporal artery biopsy are very small. It is a safe procedure, but the possible complications are:

- Post-operative infection – look out for redness which progressively increases in size or a continuous discharge.
- Increased inflammation and delayed wound healing – temporary redness and swelling to the temple area.
- Bleeding – during the operation and perhaps until the evening of procedure. If you are on aspirin or warfarin the risk of bleeding is greater.
- A scar – this is often concealed in the hairline.
- Extremely rare risks include:
 - Temporary or permanent damage to temple region nerves which may produce skin numbness or a drooping brow.

- Stroke: in cases where patient has been diagnosed as having severe narrowing to the arteries in the neck (carotid artery disease).

If you have any concerns following the biopsy, contact the details given in the box on the rear of this leaflet.

After the procedure

- You will have a small dressing to cover the wound on your temple. These can be left in place until your follow up appointment.
- For a short time, there may be a small amount of pain after the anaesthetic wears off. Taking simple painkillers like paracetamol can help with this.
- You will be discharged home and will need to continue taking the daily steroid dose as advised until your follow up appointment.
- You can wash your hair carefully.
- Your follow up appointment will be arranged for approximately 1 week after the procedure. At this appointment the biopsy results are usually available. If the doctor decides it necessary, the stitches will be removed. However, normally absorbable stitches are used and these do not need to be removed. The doctor doing the biopsy can tell you which ones have been used.
- Occasionally, even in patients with GCA, the biopsy will be negative. If this happens in your case, your doctor will discuss this further in your next appointment.

Are there any alternatives to having a temporal artery biopsy?

There are some other investigations which are under research for their ability to diagnose temporal arteritis, including ultrasound scanning. However, none of these techniques are well developed enough to replace temporal artery biopsy at the current time.