



## TEMPORAL ARTERY BIOPSY REQUEST FORM

### For temporal arteritis or giant cell arteritis (GCA)

Please fill out the following biopsy request form and email to: [GenSurgTAB@middlemore.co.nz](mailto:GenSurgTAB@middlemore.co.nz)  
It is important that you discuss all the information on this form with your patient and you both sign the form.  
**BOTH PAGES** should be emailed to the surgical bookings department.

| PATIENT'S DETAILS              |               |
|--------------------------------|---------------|
| Name                           | Language      |
| Date of Birth                  | NHI           |
| Address                        |               |
| Contact Number                 |               |
| GENERAL PRACTITIONER'S DETAILS |               |
| Name                           |               |
| Phone Number                   | Email address |

Temporal artery biopsy is useful in confirming or excluding the diagnosis of GCA. In a few cases, where the symptoms and signs listed below are all present a biopsy is not necessary.

If you are unsure of whether your patient needs a temporal artery biopsy, please discuss the case with the Rheumatology service.

Ideally, the temporal artery biopsy should be done WITHIN 4 WEEKS OF STARTING STEROIDS.

Rheumatology Registrar (09) 276 0000  
Day-stay unit for surgical bookings (09) 276 0044 extension 8242

Email through a temporal artery biopsy request to: [GenSurgTAB@middlemore.co.nz](mailto:GenSurgTAB@middlemore.co.nz)

☐ ESR (prior to starting steroids) \_\_\_\_\_ (ESR <40mm/hr makes GCA less likely), or

☐ CRP (prior to starting steroids) \_\_\_\_\_

☐ Date steroids started: \_\_\_\_\_ Dose: \_\_\_\_\_ mg

**Symptoms and Signs (please tick)**

- ☐ New or recent onset of headache
- ☐ Scalp tenderness
- ☐ Jaw claudication
- ☐ Vision changes including diplopia / blurred vision / other
- ☐ Changes in optic fundus suggesting ischemic optic neuropathy
- ☐ Other symptoms suggesting possible GCA (please describe): \_\_\_\_\_

Have you discussed the case with a Specialist or a Medical/Rheumatology Registrar? YES / NO

**Which side would you recommend for biopsy?**

- ☐ LEFT
- ☐ RIGHT
- ☐ No localizing signs (Bilateral)

## **Biopsy Discussion and Agreement (*patient and doctor to complete*)**

My doctor and I have discussed the following information about giant cell arteritis (GCA) and temporal artery biopsy. By signing this form, I am signalling my wish to proceed with this surgical booking procedure

1. GCA is an inflammatory condition of the blood vessels that can present in many different ways. Up to 60% of patients can have visual impairment if GCA is left untreated. Steroid / prednisone treatment is mandatory, and is often started a few weeks before a biopsy is performed.
2. Temporal artery biopsy is an important part of the process of confirming or excluding the diagnosis of GCA. It should be requested as soon as GCA is suspected.
3. Biopsy can predict 90% of GCA and is very useful in excluding the diagnosis and therefore discontinuing long term steroid treatment.
4. If the biopsy is positive, this confirms the diagnosis of GCA and the need for ongoing steroid treatment.
5. If the biopsy is negative, this may mean either:  
GCA could still be present (but not seen) – this is less likely  
  
OR GCA is not present (and the symptoms are caused by another medical condition)
6. For this reason, if my biopsy is negative, my doctor may choose to:  
Arrange biopsy of the other temporal artery looking for signs of GCA on that side  
OR  
Slowly stop the steroids and monitor my progress
7. Temporal artery biopsy can be performed as a day-case using only local anaesthetic to numb the skin. In most cases it is not necessary to have a general anaesthetic or sedation. This means that I can drive home afterwards and will not need to stay in hospital overnight.
8. Temporal artery biopsy is very safe but occasionally there can be bleeding, bruising or local infection that needs treatment with antibiotics.

### **Patient Agreement**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **GP Agreement**

**Name:** \_\_\_\_\_

**Signature of GP:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*\* This document does not take the place of the formal consent form signed by the patient and the surgeon on the day of the procedure.*