Temporal Artery Biopsy

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Good procedural video and text:

<http://emedicine.medscape.com/article/1520091-overview>

* do within 5 days (up to 2 weeks) of steroid initiation.
* before biopsy, try to occlude artery – make sure no neuro deficits (e.g. ICA occlusion → STA-ophthalmic artery anastomosis for collateral flow).
* anesthesia: local ± monitored IV sedation.
* 1% lidocaine mixed 1:1 with 0.25% Marcaine with 1:200,000 epinephrine; Dr. Broaddus avoids epinephrine as artery goes into spasm – may be difficult to find intraop.
* position supine with head rotated on gel donut.
* superficial temporal artery course is outlined using finger palpation / handheld Doppler probe.
* incise scalp (skin and subQ) along artery course; develop plane above fascia – artery is seen under superficial fascia.
* artery is dissected and at least 3 cm segment is excised and sent for permanent pathology.
* artery is located between superficial and deep temporal fascia leaflets.
* when dissecting artery, spread mosquito tip parallel to artery to avoid its rupture.
* artery ends are closed with Hemoclips / 3-0 silk.
* galea is approximated with 4-0 Vicryl in interrupted fashion.
* skin is approximated with DermaBond / intracuticular 4-0 Monocryl running suture.

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