

Temporal Artery Biopsy

Last updated: September 5, 2017

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.