

The Johns Hopkins Jerome L. Greene Sjogren's Syndrome Center

Jean Kim, MD PhD
Associate Professor
Department of Otolaryngology-Head and Neck Surgery
Department of Medicine: Allergy and Clinical Immunology

Clinic location:

Johns Hopkins Bayview Medical Center
Bayview Medical Office Building
Otolaryngology-HNS Clinic
4940 Eastern Avenue
Baltimore, Maryland 21224
410-550-2368 Telephone
410-550-8173 Fax



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MEDICINE

Patient Information for Lip Biopsy

As part of your evaluation for Sjögren's syndrome, a lip biopsy has been recommended. This information sheet will answer common questions related to this biopsy procedure.

Why do I need a lip biopsy?

The lip biopsy is an important test to help determine whether you may have Sjögren's syndrome. The biopsy by itself does not make the diagnosis. The results of the biopsy must be interpreted in the context of your symptoms and laboratory abnormalities to determine whether you do or don't have Sjögren's syndrome.

What are the risks?

1. There is a small risk that you will develop numbness at or near the biopsy site on the inside of your mouth. When this occurs, it is due to inadvertent injury to the lacework of fine sensory nerve fibers that lay just beneath the minor salivary glands. This numbness can be either temporary or, in rare instances, permanent. In addition, a small scar may form at the site of the incision which can be numb.
2. There is a risk that the biopsy tissue may be inadequate or "not enough" because:
 - a. There may be a lack of glands at the biopsy site. There is no way that the surgeon can determine this in advance. It happens most often in elderly individuals with atrophic glands.
 - b. An adequate amount of tissue is obtained by the surgeon, but the pathologist finds only a small amount of glandular tissue in the specimen. There is no way that the surgeon can determine this with the naked eye during the actual procedure.

What exactly is being biopsied?

You have approximately one thousand minor salivary glands lining the inside of your mouth and swallowing passages. These glands produce mucus and saliva that serve to keep the lining of your mouth moist and lubricated. The biopsy will remove approximately 5-8 minor salivary glands located just under the inside lining of your lower lip. You can feel these as you rub your tongue over the inside aspect of your lower lip. The glands feel like cobblestones.

How is the procedure performed?

The lower lip is turned out so that the inside lining is visible. Numbing medicine (lidocaine with epinephrine) is then injected into the site. The injection of numbing medicine will burn for a few seconds before the lip becomes numb. This will be the most painful part of the procedure. Next a small ½ inch incision is made. The minor salivary glands are then identified and removed. The

precious nerve fibers and other tissues are also carefully identified and preserved during the procedure, so to avoid risking injury to these structures. The incision is then closed with 3-4 sutures. These sutures should dissolve within one week of the biopsy.

What to do to prepare for the lip biopsy:

1. Avoid taking any aspirin or non-steroidal anti-inflammatory medication at least 2 weeks prior to the biopsy. This includes over-the-counter pain medications, such as Aleve and Motrin, and prescription anti-arthritis medications, such as Celebrex, meloxicam (Mobic), ibuprofen, and Naprosyn.
2. Discontinue any blood thinners like Coumadin at least 5 days prior to the biopsy.
3. Let us know if you have an allergy to lidocaine which will be used to numb your lip for the biopsy.

What to expect after the biopsy?

1. Immediately after the biopsy, your lip will feel very "large" and numb due to the numbing medication. This sensation will wear off within one hour.
2. Rarely, you may feel some pain. If there is any pain, we recommend applying some ice to decrease the swelling or taking Tylenol. If there is any pain that is not relieved by these measures, then call the surgeon.
3. You may drink immediately after the biopsy. You may eat one hour after the biopsy.
4. You may feel the sutures inside of your mouth. These feel like "whiskers" that will soften throughout the day.

Instructions after the biopsy

For the next week, we ask you to do the following:

1. Avoid eating any hard or sticky foods. Stick with soft foods for one week.
2. Gargle or swish your mouth with water after eating anything solid.
3. Gargle or swish your mouth with half strength peroxide and water (1 to 1 mixture). This keeps the wound clean and prevents infection.
4. Take the antibiotic prescription given to you by your surgeon to prevent a wound infection.
5. You may restart any aspirin or blood thinners 24 hours after the biopsy.
6. If the sutures do not dissolve within the week, see your local dentist or primary doctor for simple removal of the sutures. You are also always welcome to return to our clinic to remove the sutures if this is convenient for you.