



Patient information on lip biopsy to aid the diagnosis of Sjögren's syndrome

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Sjögren's syndrome is an autoimmune disorder characterised by dry eyes and dry mouth. It can also affect other mucus secreting glands, as well as causing symptoms affecting other areas of the body such as the joints. It can be a challenging diagnosis to make, requiring the coordination of different specialists and a variety of clinical and laboratory investigations.

Why is a lip biopsy necessary?

A lip biopsy is helpful in the diagnosis of Sjögren's syndrome. Some data suggests that the extent of inflammation may also give an indication of the risk of developing a type of cancer called lymphoma, which occurs in 1 in 20 people with Sjögren's syndrome. The lip biopsy results will be interpreted alongside the clinical and other laboratory findings.

What happens during the biopsy?

The majority of your saliva is produced by your major salivary glands in front of your ears and under your chin. However, inside your lips there are hundreds of minor salivary glands that also produce saliva. The biopsy will usually remove 4-6 of these minor salivary glands. This will involve the injection of local anaesthesia (to numb the area) followed by a small incision. The minor salivary glands are carefully removed and then 2-3 stitches are used to close the incision. The incision is made inside the lower lip and will typically leave a fine white line of scar tissue that cannot be seen from the outside. The whole procedure will usually last 10-15 minutes, including time for the local anaesthetic to take effect.

What are the risks of this procedure?

This is a very routine procedure, currently carried out in many hospitals to help with the diagnosis of Sjögren's syndrome. Following the biopsy there is a small chance of experiencing pain and swelling in the lower lip for a few days, and minor bleeding from the biopsy site for a short time. Infection at the biopsy site may also occur but is very unlikely. There is also a risk of developing a small area of tingling or numbness of the lower lip that may be permanent, but the risk is small (approximately 2 out of every 100 patients).

What should I do after the biopsy?

- Although this is a simple procedure, it may be helpful to have a relative or friend with whom you can travel home.
- We will give you some gauze to take away with you so that if you have any bleeding later in the day, you can use it to press down on the biopsy site to stop the bleeding.
- To help keep your wound clean and prevent infection, rinse your mouth with a chlorhexidine mouthwash, such as Corsodyl (if you are not allergic to this) or warm salt water, after eating food.
- If you experience pain following the procedure, this can be managed with simple painkillers such as ibuprofen, aspirin or paracetamol.
- We will give you a telephone number to call us if you have any problems.
- We will give you an appointment time to come back in a week for removal of the stitches.



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

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