

Frequently Asked Questions:

When will my results be back?
A nurse will usually call you with your biopsy results within one week of your procedure.

What do I do when I get home after the biopsy?
We recommend taking it easy the day of the biopsy. Rest, no strenuous activity. You may resume normal activity the day after your biopsy.

Can someone come in the room with me during the biopsy?
You may have one person in the room with you for the biopsy appointment. No children are allowed in the procedure room.

Are there any eating restrictions?
No, you may continue to eat normally.

Do I need someone to drive me?
We recommend having a driver for a biopsy appointment. If you decide to drive yourself, your wait time after the procedure will be longer.

What if I have pain after the biopsy?
If you have any discomfort the day of your procedure, you may take Tylenol. Do not take any blood thinning pain medicines (Ibuprofen, aspirin, etc.) until the day after your biopsy.

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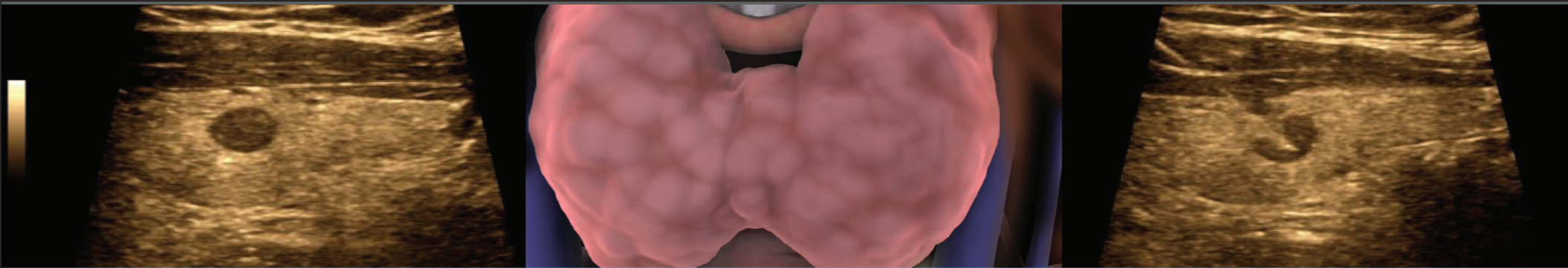
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For more information on
Thyroid Nodule Biopsies,
and other thyroid issues,
please see our websites at
www.wilmingtonendo.com
& www.3DTHYROID.com.

BIOPSY
INFORMATION



Your Guide to a
Thyroid Nodule Biopsy



What is an FNA Biopsy?

An FNA, or fine needle aspiration, biopsy is a common and simple procedure used to sample thyroid nodules. Thyroid nodules are common, especially if someone in your family has a history of thyroid nodules or thyroid disease. Nodules cannot be properly evaluated with physical examination and blood tests alone. Here at our office, the procedure is done under ultrasound guidance to ensure sample accuracy. A very fine needle is used to attain a tissue sample from the nodule in question, and samples are sent to pathology for evaluation. The results are usually back within one week.

Why are they important?

The pathology results will indicate one of the following findings: benign, non-diagnostic, atypical/suspicious, or malignant. While the vast majority of thyroid nodules are benign (without cancer), a small percentage do contain thyroid cancer. If you have nodules, FNA biopsy is the best way to determine what your course of action should be. The American Thyroid Association recommends FNA biopsy as the procedure of choice for evaluating thyroid nodules and selecting candidates for surgery. The procedure is common and simple, and our office performs at least 20 biopsies per week.

What to expect:

At your biopsy appointment, the doctor will first ultrasound your neck to check for changes in your nodule(s). You will then be taken to the procedure chair that will recline to put your head back and feet up. The lights will be turned off so the doctor can see the ultrasound image clearly. Before the biopsy, the ultrasound probe placed on your neck to locate the nodule that is being biopsied.

The doctor will then administer a local anesthetic under the skin over that nodule to numb the area. The doctor will then insert the needle into the nodule in question all while watching the ultrasound screen. This gives assurance that the needle is in fact inside the nodule. He will then aspirate fluid and tissue out of the nodule, and apply it to a sterile slide for the pathologist's review. The actual procedure will take about 5 seconds. This process is repeated about 3-5 times to the same nodule to get tissue from different areas of the lesion.

After the procedure, you will hold slight pressure to your neck, and in 15 minutes, your blood pressure will be checked. You are free to resume all normal activities the day after the procedure.

Patients who take blood thinners:

You should not take any blood thinning medicine (like aspirin, Coumadin, Plavix, Warfarin, Motrin, etc.) the week before or the afternoon of your biopsy. You may have to ask your doctor for permission to stop your blood thinner.

During your biopsy,

We ask that you do not swallow, cough, talk, or breathe deeply while the needle is in your neck. Short shallow breaths through the mouth are best.

Helpful Hint:

Wear clothing that will allow easy access to your neck during the procedure. You will be asked to remove any necklaces and/or large earrings.

Please Note:

There is a 3-5% chance that the biopsy will be read as non-diagnostic. That means the biopsy did not get enough tissue to make a diagnosis. Biopsy can miss cancer; the chance for that is 2%. Certain cancers can be very difficult to diagnose with biopsy.