

Thyroid Fine Needle Aspiration (FNA) Consent

Physician(s) Performing the Procedure: Anis Rehman, M.D. / Sana Akbar, M.D.

Authorization: I hereby authorize an ultrasound-guided fine needle aspiration (FNA) of the thyroid to be performed on me. I understand that this procedure will be performed using real-time ultrasound guidance and sterile technique.

The risks, benefits, and alternatives, including no procedure, repeat biopsy, or surgical management, have been fully explained to me. I have had the opportunity to ask questions, and all questions have been answered to my satisfaction. I understand that additional procedures, including repeat biopsy or surgery, may be required depending on the results.

Description of the Procedure: Ultrasound-guided fine needle aspiration uses high-resolution ultrasound imaging to accurately guide a thin needle into the thyroid gland. The physician will obtain cellular samples from the targeted thyroid nodule(s) under ultrasound guidance. Typically, four needle passes using a small-gauge needle (23- or 25-gauge) are performed for each nodule. Topical anesthesia (ethyl chloride) may be used for patient comfort. It is my responsibility to inform the physician of any known allergies, including allergies to topical ethyl chloride.

Risks: All medical procedures carry some degree of risk, including rare or unforeseen complications. Most patients experience only mild discomfort or pain during the procedure. Potential risks include, but are not limited to, pain or discomfort, bleeding or bruising, swelling or hematoma, and infection. Rare complications may include tracheal or esophageal puncture, laryngeal nerve injury (which may cause voice changes), and carotid artery or jugular vein puncture. If significant swelling or a hematoma causes difficulty breathing, seek emergency medical care immediately (ER) and notify our office as soon as possible. There is a 5–10% chance that the sample obtained may be non-diagnostic or insufficient, which may require repeat fine needle aspiration. There is a 5–10% false-negative rate associated with this procedure.

Benefits: The purpose of this procedure is to obtain diagnostic information about thyroid nodule(s), specifically to assess the risk of malignancy, which helps guide appropriate treatment or monitoring decisions.

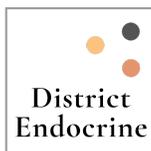
Pathology and Billing: I understand that the aspirated material will be analyzed by an outside pathology laboratory selected by this medical facility. Based on the information I have provided, I understand that the laboratory will bill my insurance company directly. District Endocrine does not bill patients or insurance companies for pathology or molecular testing services.

Patient Rights: I understand that I may refuse or withdraw consent for this procedure at any time, including during the procedure after it has begun. It is my responsibility to inform the physician if I choose not to proceed or wish to stop.

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Full Name: _____

District Endocrine Staff Name: _____ Date: _____



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