

# South Sound Radiologists, Inc., P.S.

## **INFORMED CONSENT** **ULTRASOUND-GUIDED THYROID FINE NEEDLE ASPIRATION**

Washington State law guarantees that you have both the right and obligation to make decisions concerning your healthcare. Your clinician (physician or healthcare provider) can provide you with the necessary information and advice, but as a member of the health care team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your clinician.

**Patient:** \_\_\_\_\_ **Patient #:** \_\_\_\_\_

I hereby authorize Dr. \_\_\_\_\_ and/or such associates or assistants as may be selected by the aforementioned physician to perform an ULTRASOUND-GUIDED THYROID FINE NEEDLE ASPIRATION.

**PROCEDURE:** Ultrasound guided fine needle aspiration uses ultrasound to position a small needle inside your thyroid (neck). With this needle and ultrasound guidance, our radiologist will obtain fluid samples from the abnormal area in your thyroid.

**RISKS:** All procedures carry some risk. Most patients experience only minimal discomfort during the procedure. Because a needle is entering your thyroid, the possibilities of pain, infection, bleeding, and rarely, vessel injury exist. Because we use local anesthesia to numb the area prior to the procedure, there may be a risk of allergy to the medication we use for anesthesia. If you have had a prior abnormal reaction to any medical or dental procedure from anesthesia, please inform us. Rarely, you may notice a temporary voice change. Because we sometimes use epinephrine (adrenaline) to control bleeding, you may experience an increased heart rate, palpitations, and anxiety. These symptoms are temporary but not unusual. There is a chance that adequate cells will not be obtained for definitive diagnosis requiring additional fine needle aspiration.

**BENEFITS:** Diagnosis of the cause of the thyroid nodule.

**ALTERNATIVES TO PROCEDURE:** Fine needle aspiration without ultrasound guidance, no procedure, surgical removal.

**CYTOLOGY RESULTS:** Results will typically be available in 2-5 working days. If you have not heard from your clinician within one week, you should call their office and inform them you had a fine needle aspiration and are awaiting the results. If you have any problems receiving your results, you should give our office a call and we will get in touch with your clinician so that you receive your results.

**YOU ALWAYS HAVE THE RIGHT TO REFUSE ANY PROCEDURE AT ANY TIME. IT IS YOUR RESPONSIBILITY TO INFORM US IF YOU DO NOT WANT THE PROCEDURE OR WISH TO STOP DURING THE PROCEDURE AFTER IT HAS STARTED. IT IS ALSO YOUR RESPONSIBILITY TO INFORM US OF ANY PRIOR ADVERSE OUTCOME OR REACTION TO A SIMILAR STUDY OR X-RAY DYE / ANESTHETIC.**

I certify that the nature and character of this proposed procedure and the anticipated benefits involved in this proposed procedure have been explained to me. I recognize that during the course of this procedure, post-operative care, medical treatment, anesthesia or other procedure, unforeseen conditions may necessitate additional or different procedures than those set forth. I have been informed that various equipment and instrumentation may be used during my procedure. I, therefore, authorize the above-named physician, and his or her assistants or designees, to perform such procedures as in his or her professional judgment are necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time of the medical procedure is commenced.

I certify that this form has been fully explained to me, that I have read it, or have had it read to me, and that I understand its contents.

\_\_\_\_\_  
Patient/Other Legally Responsible Person Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Radiologist Signature

\_\_\_\_\_  
Witness