_____binding line_____

name_____

ID#_____

Date_____

What is a fine needle aspiration?

It is a simple procedure, similar to drawing blood from your arm. The needle used is thinner than the one for drawing blood, and is attached to a syringe in a syringe holder that allows the operator to apply suction easily. Cells from your thyroid lesion will be extracted through this thin needle. These cells will be smeared (spread) on glass slides, stained, and made ready to be examined under the microscope. After examining all the slides, the pathologist will make a cytologic diagnosis and issue a written report.

What are the possible cytologic results of the FNA?

Usually the results will fall into one of four categories: benign (70-75% of cases), malignant (4-7%), inconclusive (10-15%), and unsatisfactory (1-10%).

What is a benign diagnosis?

This implies that your nodule or lump is not a malignant tumor.

What is a malignant diagnosis?

This implies that your nodule is cancerous.

What is an inconclusive diagnosis?

There is no certainty about the nature of your nodule; it could be either benign or malignant. Please make sure this is not confused with a benign diagnosis.

What is an unsatisfactory diagnosis?

15% of the time FNA is not successful in obtaining enough cells from your thyroid to allow the pathologist to make a diagnosis.

What are the recommended steps for someone whose results are reported as inconclusive?

If the FNA report is inconclusive, further recommendations will be discussed with your physician. If the diagnosis is “follicular neoplasm,” surgical biopsy is usually indicated.

Could I have cancer that is not detected on FNA?

Yes, because no technique is 100% accurate. If your lump is large and there is a small focus of cancer (next to it or in it), the cancer may not be detected.

I have reviewed and discussed the information on this page with my physician.

Signature_____date_____

FINE NEEDLE THYROID ASPIRATION