

**Michigan State University Cardio-Metabolic Center**

**Division of Endocrinology, Diabetes and Metabolism**

**Fine Needle Aspiration of the Thyroid**

|  |  |
| --- | --- |
| Patient Name: |  |
|  |  |
| Date of Birth:  |  |
|  |  |
| Medical Records Number (MRN):  |  |

Treating Physician(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Saleh Aldasouqi MD |  | G Matthew Hebdon MD |  | Naveen Kakumanu MD |

**Pre-Procedure Checklist**

|  |  |
| --- | --- |
|  | Genetic testing was explained |
|  | Will only be done if questionable sample, bethesda 3 or 4 and PRN |
|  | There may be a possible additional cost to you |
|  | Provided flyer with information from Afirma |
|  |  |
|  | I agree |
|  | I decline |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM

 Signature of Patient, Parent, or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM

 Signature of Witness

**Discharge Instructions**

1. No heavy lifting or excertin activities for the next 24 hours after biopsy.
2. Apply the ice pack to puncture site for 30 minutes following procedure, may use ice pack as needed thoughout the day to help with pain and swelling.
3. May take **Tylenol** for pain during the next 24 hours if not allergic.
4. **DO NOT** take any blood thinners for 24 hours (aspirin, ibuprofen,NSAID ect.) Unlessw otherwise instructed by the doctor.
5. If swelling, shortness of breath or difficulty with swallowing accure go to the nearest emergency room and tell them you had a thyroid biopsy.
6. Wipe betadine off with mild soap and water when you get home as this can be an irritant.
7. If any questions please call 517-353-4960 and ask to speak a nurse.

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 Signature of Patient, Parent, or Legal Guardian

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 Signature of Witness