

#### Affix Patient Label

Patient Name: DOB:

# Informed Consent Ultrasound-Guided Fine Needle Aspiration Biopsy of the Thyroid

This information is given to you so that you can make an informed decision about having **Ultrasound-Guided Fine Needle Aspiration Biopsy of the Thyroid.** 

### Reason and Purpose of the Procedure:

Fine needle aspiration biopsy is used to diagnose an abnormal finding in the thyroid gland.

The biopsy will determine if it is benign (non-cancerous), or malignant (cancer). The doctor will use ultrasound imaging to guide placement of a biopsy needle. Small samples of tissue will be removed. These will be sent to the pathologist to examine. A diagnosis will not be made at the time of the biopsy. The result will be sent to your doctor. Your doctor will contact you with the results.

# Benefits of this procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

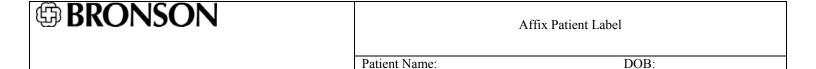
- A fine needle biopsy is less invasive than surgery.
- The results are 90-95% accurate compared to surgery which is 100%.
- A biopsy can help diagnose whether the abnormal finding is benign (non-cancerous) or malignant (cancerous).
- This procedure is minimally painful. You may feel pressure.
- You can return to normal activities after this procedure.

### Risks of this Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

### General risks of this procedure:

- Bleeding or bruising at the site of biopsy. This is usually minor. You may need more treatment.
- **Infection.** You may need antibiotics.
- **Injury to structures near the thyroid.** You may need surgery to repair.
- **Not enough sample is obtained.** If this happens you would need to have the procedure repeated in 30 days.
- Voice changes may occur if the needle comes in contact with the vocal chords. These changes are usually temporary, but may be permanent.



Risks specific to you:		

# If you decide not to have this treatment:

• Your doctor may not be able to determine whether or not the abnormal finding on the thyroid is malignant (cancerous) or benign (non-cancerous).

### **General Information**

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Pictures and videos may be done during the procedure. These may be added to my medical record. My identity will be protected.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: Ultrasound-Guided Fine Needle Aspiration Biopsy of the Thyroid
- I understand that my doctor may ask a partner to do the biopsy.
- I understand that other doctors, including medical residents, or other staff may help with biopsy. The tasks will be based on their skill level. My doctor will supervise them.

Patient Signature_		Time:
Relationship:     Patient/Parent of minor   Closest relative (relationship)	p) □Guardia	n/POA Healthcare
Interpreter's Statement: I have translated this consent form and the doctor closest relative or legal guardian.	•	1 , 1 ,
Interpreter: Interpreter (if applicable)	Date	11me
merpreter (if applicable)		
For Provider Use ONLY: I have explained the nature, purpose, risks, benefits, possible consequences and possibility of complications and side effects of the intended interventio patient has agreed to procedure.		
Provider Signature: Dat	re:	Time:
Teach Back		
Patient shows understanding by stating in his or her own words:		
Reason(s) for the treatment/procedure:		
Area(s) of the body that will be affected:		
Benefit(s) of the procedure: Risk(s) of the procedure:		
Alternative(s) to the procedure:		
OD		
OR Patient elects not to proceed:	Date:	Time:
(Patient signature)		
Validated/Witness:	Date:	Time: