



## Thyroid Ultrasound-Guided Biopsy Discharge Instructions

A thyroid biopsy is performed to remove cells from a nodule in your thyroid gland. Your thyroid gland is located in front of your neck just above your neckline and is shaped like a butterfly, with two lobes on either side of your neck connected by a narrow band of tissue. A needle biopsy, also called a needle aspiration, involves removing some cells from the thyroid nodule with fine needles. Ultrasound imaging is used to help guide the radiologist's needle to the site of the nodule. The cells are then sent to a pathologist to examine them under a microscope and determine a diagnosis.

### Aftercare Instructions

- You may resume normal activities and shower when needed.
- The bandage can be removed within a few hours. An ice pack will be given to you to hold over the area for 15 minutes. This will help reduce the bruising at the site. The bruising should resolve over the next few days.
- The biopsy site may be sore and tender for one to two days. You may take nonprescription pain medicine, such as Tylenol (acetaminophen) or Motrin (ibuprofen) to relieve any discomfort.
- Please call your ordering doctor or primary care physician if you notice any of the following:
  - Significant pain at the site unrelieved by Tylenol
  - Hematoma or painful lump around the site
  - Fever greater than 100.6°F
  - Redness or drainage at biopsy site
  - Continued nausea and vomiting
- **Seek EMERGENCY CARE if you have:**
  - Chest pain
  - Uncontrolled bleeding
  - Confusion or change in mental status
  - Difficulty breathing or shortness of breath
  - Progressive swelling of any area
  - Severe abdominal pain or bloating
  - Dizziness or feeling like you are going to pass out
- **If you have an emergency, go directly to the nearest emergency room or call 911. Do not wait to contact our staff.**
- **Your ordering physician will receive the results within 24-48 hours and should contact you, or you can contact your physician.**

Please call Teton Radiology at 208-524-7237 Idaho Falls, Rexburg 208-356-4888, or your ordering physician if you have problems or concerns.

\_\_\_\_\_  
(Patient name - Please print)

**Your radiologist was:**

\_\_\_\_\_  
**I understand the above information.**

\_\_\_\_\_  
(Patient or family member's signature)                      Date

**Reviewed with me by:**

\_\_\_\_\_  
(Technologist or nurse)    Date