

Introduction

1. FNA or biopsy is a medical procedure performed to identify the nature of a lump or a mass or other abnormal condition in the body. The procedure can be done under X-Ray, ultrasound or CT guidance through the overlying skin (i.e. percutaneous). Small amount of tissue or fluid sample inside the lesion can be obtained by inserting a very small needle to the region of interest, so called the fine needle aspiration (FNA). Or a complete core of tissue can be obtained via a biopsy needle under imaging guidance, so called the core biopsy.
2. The nature of a thyroid nodule, neck mass or neck lymph node may not be determined by imaging studies and other clinical investigations. FNA / biopsy will then be required for a more definitely diagnosis.
3. The procedure will be performed by trained specialists. The procedure will generally be performed in the Department of Radiology under imaging guidance, most commonly by ultrasound for lesion in neck region.

The Operation / Procedure

1. The procedure will be performed under aseptic technique. The nurse will sterilize the field of procedure and cover it with sterilized towel.
2. FNA is usually performed without local anesthesia.
3. Biopsy is usually performed under local anesthesia. Two or more passes of biopsy needle may be required to obtain adequate tissue for optimal assessment. A “click” sound will be encountered due to movement of needle parts during the biopsy procedure.
4. Duration of the procedure varies, depending on the complexity of the condition. It may take only 30 minutes though you may need to stay in the Department of Radiology for over an hour altogether.
5. Before, during and after the procedure, your vital signs (like blood pressure and pulse rate) will be monitored.
6. Specimen will be sent to pathological laboratory for examination which may take a few days to complete.

Before the Operation / Procedure

1. A written consent is required.
2. Please inform our staff before the examination if the patient thinks she is pregnant.

Risk and Complication

1. Post biopsy blood clot formation is uncommon. They are usually small and self-limiting. Rarely, a big clot may require surgical intervention to relieve the pressure effect on the airway.
2. Soft tissue infection induced by the procedure is uncommon.
3. Tumor implantation along the biopsy tract has been reported but rare.
4. Other very rare complications include coughing blood (haemoptysis) due to tracheal injury, and recurrent laryngeal nerve injury which may cause paralysis of vocal cord, hoarseness of voice or difficulty in breathing.
5. Unfortunately, not all biopsies / FNAs are successful. They are subjected to sampling error, or rarely the tissue obtained is not adequate for diagnosis. In such circumstances, the biopsy / FNA may have to be repeated on another day.
6. Despite these potential complications, percutaneous biopsy / FNA is normally very safe and is designed to save you from having a major procedure. A positive diagnosis can help you to get the appropriate treatment.
7. Common complications are generally minor and severe complications do not happen very often.

Should a complication occur, another life-saving procedure or treatment may be required immediately.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. The Hong Kong Society of Interventional Radiology Limited, Patient Information Leaflet: Percutaneous Fine Needle Aspiration (FNA) / Biopsy Thyroid Nodule, Neck Mass and Neck Lymph Node (2010)
2. Smart Patient Website by Hospital Authority: Percutaneous Image-guided Needle Biopsy (2004)