Dr. Your, Physician M.D. Dr. Your, Physician M.D. Dr. Your, Physician M.D. Dr. Your, Physician M.D. Dr. Your, Physician M.D.



4801 Your Address Blvd., Suite 280 Los Angeles, CA 90010 Dr. Your, Physician M.D. Dr. Your, Physician M.D. Dr. Your, Physician M.D.

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Patient Name:	Date of Birth / /	
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INFORMATION AND CONSENT FOR RADIOFREQUENCY ABLATION OF THYROID NODULES

Reason for Procedure: Thyroid nodules can be removed using radiofrequency ablation instead of surgical removal. Many thyroid nodules can be "shrunk"/ablated without surgery by a treatment using a special needle to apply energy directly to the thyroid tissue leading to the destruction of the thyroid nodule.

Who qualifies for this procedure: This procedure is reserved for patients with benign thyroid nodule on cytology:

- Result of ultrasound-guided fine-needle aspiration on two different occasions,
- That is causing compressive symptoms (difficulty swallowing, difficulty breathing, chronic dry cough) or,
- Is disfiguring.
- Note: Two benign cytology may not rule out malignancy completely but will make the likelihood of malignancy very low.

How the procedure is done: Your neck will be cleaned with alcohol and iodine solution to reduce the risk of infection. A local anesthetic (2% lidocaine) will be injected with a small needle into the skin over the thyroid nodule. This usually causes a stinging sensation, but numbs the area and makes the procedure more comfortable. Ultrasound imaging is used to localize the nodule and guide the insertion of a specialized needle used to apply the radio frequency (a form of energy) to destroy the thyroid nodule. This will lead to volume reduction of the thyroid nodule over time. After the procedure, your neck will be cleaned and you will leave with a Band-Aid over the needle entry site.

Are there any risks:

- A small bruise or localized bleeding may occur
- Serious complications are very rare and might include:
 - Nerve damage, infection, tracheal, esophageal, or carotid puncture, bleeding or discomfort.
- Voice change can happen 1 percent of the times
- Nodule rupture was reported in 0.14 percent of the patients requiring surgery
- Nodule rupture with abscess formation has been reported once
- Hypothyroidism risk 0.07%
- Brachial plexus injury risk 0.07%
- Hematoma risk is 1%
- Vomiting 0.6%
- Skin burn 0.27%



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What to expect afterward:

- You may resume your regular activities and diet immediately after the procedure. Avoid strenuous activity. Soreness at the procedure site may require treatment with over-the-counter pain medicine, application of an ice pack, or other modalities of inflammation/swelling control including steroids.
- We recommend you return to the office for evaluation at 6 months and 12 months after Radio Frequency Ablation with additional lab and evaluations including thyroid ultrasound or other modalities as needed.
- You may need to be followed every 6-12 months thereafter, depending on the status of the treated nodules.
- Treatment can fail sometimes and repeat treatment can become necessary if the nodule regrows

Goal: The goal of this procedure is to achieve a volume reduction of more than 50% of the thyroid nodule.

Alternatives: You may elect to "watch and wait" and follow your nodule with regular ultrasound or undergo a surgical procedure called thyroidectomy.

Consent: I understand the risks, benefits, and alternatives of the procedure. I understand that the above procedure is billed separately from the office visit. Having all this information carefully explained to me, I agree to undergo radiofrequency ablation of my thyroid nodule.

Patient/Representative/Legal Guardian Signature	Date
Witness Signature	Date
Physician Signature	Date

