

Ultrasound: Guided FNA

About your procedure

Read this handout to learn how an ultrasound-guided FNA works, how to prepare, how it is done, what to expect, and how to get your results.

What is an ultrasound-guided FNA?

FNA stands for *fine needle aspiration*. In an ultrasound-guided FNA, your *radiologist* (a doctor who interprets ultrasound and other imaging techniques) uses a very thin needle to take a small sample of cells from your body. Ultrasound is used during the FNA to help guide the needle.

How should I prepare for the FNA?

- If you usually take aspirin or other *anticoagulant* (blood-thinning) medicine, follow the instructions that Imaging Services scheduling staff gave you. They have checked with our clinic doctors about whether you should stop taking the blood thinners before your FNA.
- You may eat a light meal before your procedure.

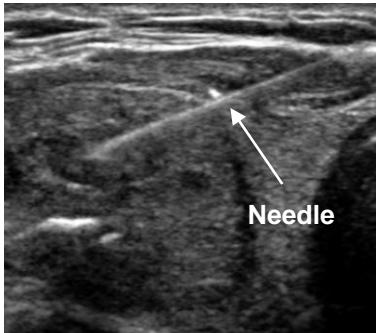
How is the procedure done?

- In the exam room, you will change into a hospital gown. You will then lie on your back on an exam table. Warm gel will be applied to your skin in the area where images will be taken.
- The ultrasound technologist (*sonographer*) will then press a hand-held device called a *transducer* against your skin. The transducer makes sound waves. As these sound waves bounce off your body tissues, images are created. These images appear on a monitor for your radiologist to see.

The radiologist will use these images to guide the needle during the FNA. When the area is located, the radiologist will decide the best way to reach it with a needle to get a tissue sample.



During your FNA, your radiologist will watch the ultrasound images on a monitor to help guide the needle.



This ultrasound image shows a needle going into thyroid tissue.

- A blue disinfectant called *ChloroPrep* or an iodine solution will then be applied to your skin where the FNA needle will be inserted. The area will be draped with sterile towels to create a germ-free working space.
- The anesthetic *lidocaine* (a numbing medicine that blocks pain) will be injected into the area. Usually this area is a *nodule* (lump), a lymph node, or an area where fluid has collected. These injections will burn or sting, but this feeling will quickly go away as the lidocaine starts to work.
- When the area is numb, a small needle is inserted. The needle may be moved slightly up and down within the area. By moving the needle slightly, cells from the area are caught inside the needle and can be removed. If fluid is being collected, it will be withdrawn through the needle into the syringe or bottle. This is called *fine needle aspiration*.
- Each aspiration lasts about 10 to 15 seconds. Usually 4 aspirations are done to get enough cells to make a diagnosis. The cells will be sent to the lab. It will take 3 to 4 business days to get the results.

What will I feel during the FNA procedure?

- You will feel the sonographer applying warm gel to your skin and the pressure of the transducer. The transducer will be pressed against your skin during the entire FNA procedure, since the ultrasound is used both to find the area and to show where the needle is moving.
- You will feel a small needle stick and “burn” as the lidocaine is injected. Once the area is numb, most patients say they only feel pressure during the FNA.
- After the procedure is done, your skin will be cleaned with warm water. We will cover the needle site with a Band-Aid.
- Some patients may have mild swelling and bruising after the FNA.

Who interprets the results and how do I get them?

The radiologist who specializes in ultrasound will review the pictures and send a report to your referring doctor. The pathologist will interpret the FNA results and send a report to your doctor. Your referring doctor will give you your test results.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Imaging Services/Radiology:
206.598.6200