

**Inter American Diabetes & Endocrinology
1905 7th Avenue
Columbus, Georgia 31901**

**Informed Consent
ULTRASOUND-GUIDED THYROID FINE NEEDLE ASPIRATION**

Georgia Law guarantees that you have both the right and obligation to make decisions concerning your healthcare. Your clinician (physician or healthcare provider) can provide you with the necessary information and advice, but as a member of the healthcare team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your clinician.

PATIENT SIGNATURE: _____

I do, hereby authorize Dr. Ricardo Alvarez and /or such associates or assistants as may be selected by the aforementioned physician to perform an ULTRASOUND-GUIDED THYROID FINE NEEDLE ASPIRATION.

PROCEDURE:

Ultrasound guided fine needle aspiration uses ultrasound to position a small needle inside your thyroid (neck). With this needle and ultrasound guidance, our doctor will obtain fluid samples from the abnormal area in your thyroid.

RISKS:

All procedures carry some risk. Most patients experience only minimal discomfort during the procedure. Because a needle is entering your thyroid, the possibilities of pain, infection, bleeding and rarely, vessel injury exist. Because we use local anesthesia to numb the area prior to the procedure, there may be risk of allergy to the medication we use for anesthesia. If you have had a prior abnormal reaction to any medical or dental procedure from anesthesia, please inform us. Rarely, you may notice a temporary voice change. Because we sometimes use epinephrine (adrenaline) to control bleeding, you may experience an increased heart rate, palpitations, and anxiety. These symptoms are temporary but not unusual. There is a chance that adequate cells will not be obtained for definitive diagnosis requiring additional fine needle aspiration.

ALTERNATIVE TO PROCEDURE:

The alternative to fine needle aspiration would be ultrasound without guidance, no procedure, or surgical removal.

CYTOLOGY RESULTS:

You will be informed about the results on the next visit, unless grossly abnormal.

YOU ALWAYS HAVE THE RIGHT TO REFUSE ANY PROCEDURE AT ANY TIME. IT IS YOUR RESPONSIBILITY TO INFORM US IF YOU DO NOT WANT THE PROCEDURE OR WISH TO STOP DURING THE PROCEDURE AFTER IT HAS BEEN STARTED. IT IS ALSO YOUR RESPONSIBILITY TO INFORM US OF ANY PRIOR ADVERSE OUTCOME OR REACTION TO A SIMILAR STUDY OR X-RAY DYE/ ANESTHETIC.