
RFA Preparation Checklist

->Read, fill in and/or check each statement as appropriate:

- I am not pregnant
- I am not wearing any makeup, lipstick
- I have removed all jewelry and piercings
- I am not wearing any metal fasteners (zippers, buttons, belts...)
- I do not have a pacemaker

MEDICATIONS

- I do not take any blood thinners
- I am not taking any coumadin or antiplatelet therapy
- I have not taken thyroid medication

Typically, no change to medication is necessary unless you are on anticoagulants (instructions to be discussed)

No antibiotics or pain medications are typically needed other than Tylenol or Ibuprofen

Sedative

If I want to take a sedative prior to the procedure, I understand that I must

1. Inform our office staff at least 24 hours in advance of your procedure
2. Office staff will send a prescription to your local pharmacy
3. Bring the prescription with you to the office to take 20 minutes before procedure

I understand that If I do NOT take a sedative, I should be able to drive home and resume normal activity following the procedure

I have not had prior thyroid surgery

I have presented two FNA biopsies that are benign, one for autonomous functioning thyroid nodule

My symptom score from 1-5 (five being severe) is _____

My cosmetic score from 1-4 (four being severe) is _____

I understand a popping sound in my neck is possible and normal with this procedure

I understand the goal is to obtain 50% reduction over the next several months

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- I understand that more than one procedure may be necessary for desired results
- I understand the possibility of regrowth of treated nodule and that additional treatments may be necessary
- I understand patients may experience various degrees of discomfort during ablation
- I understand complications as listed in the consent
- I understand a diagnosis of Hashimotos increases my risk of developing hypothyroidism
- I understand that hyperfunctioning thyroid nodules that are cured with procedure may also increase risk of hypothyroidism at a rate of 3%
- I understand that a semi-permanent marker will be used on my neck for proper placement of probe
- I understand that since there is no anesthesia, there will be no monitoring of vitals during the procedure
- I understand that no exercise is permitted on the day of procedure and normal activities/exercise can resume the following day
- I understand I must return to be examined by ultrasound to demonstrate volume reduction at the following milestones:
1. One day after the procedure
 2. 30 days (1 month) after the procedure
 3. 3 months after the procedure
 4. 6 months after the procedure
- I understand that further observation or admission may be required following the procedure, depending on condition after ablation

Signed:

Patient Name

DATE



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