

Taiwan Adventist Hospital

Medical Record No#:

Name of Patient:

Bed number:

Informed Consent for Thyroid Echography & Thyroid Cells Puncture

This informed consent pertains to the purpose, potential risks and procedure regarding the examination (or medical treatment) you are scheduled to undergo. Please read the contents of this document carefully. You may wish to discuss this information with your doctor. If you still have any questions about the examination (or medical treatment), please discuss these with your doctor before signing this consent.

Examination/Medical Treatment Procedure:

There are two types of thyromegaly – diffuse thyromegaly and nodule thyromegaly. For nodule thyromegaly, it can be divided into unit nodule and multiple nodules. Most of the nodules are benign, however, some are malign. The thyroid cell puncture is to help to extract the cells for pathological diagnosis.

1. Patients will be requested to lie down on the examination table with a pillow under the shoulders to make the head tilt backward and the neck stretched.
2. Patients will be examined by echography. The lesion will be located first if any abnormality is found.
3. A needle that fitted to a 10-20c.c injector will be vertically inserted into the nodules/cysts. Using the vacuum suction, the cells will be extracted into the injector.
4. The cells will be dyed on the glass for observation.

Examination Benefits: (Through the examination, you may receive the following benefits. However, the doctor cannot guarantee any of the benefits. You should weigh the benefits and risks of the examination.)

1. It is considered to be one of the most efficient procedures to get the thyroid cells for examination.
2. For cyst, the size of cyst will shrink after the tissue fluid is extracted.

Examination Risks: (The following risks have been commonly recognized while some unpredicted risks may not be included here.)

1. Bleeding: Very few patients will experience bleeding (5-10%), which can be prevented by proper local compression.
2. Respiratory Distress: Very rare will experience respiratory distress (less than 1%), which can be prevented by proper local compression.

Cautions after Examination:

1. Please inform the medical personnel in case of any discomfort after the procedure.
2. To prevent stasis, please press the puncture parts with gauze or alcohol sponge for about 10 minutes after the procedure.
3. Ice may be applied if patient experiences pain.
4. Please consult with your attending physician for further follow-up treatment plan.

Additional Explanation of Attending Physician:

I (patient or patient's family) _____, by signing this informed consent, acknowledge that the doctor has discussed and explained to me the examination (or medical treatment) purpose, benefits, procedure and potential risks, and I fully understand the explanation from the doctor and the written description on this informed consent. I sincerely believe that the medical personnel of Taiwan Adventist Hospital will conduct the procedure and medical treatment to the best of their abilities in case any complications occur. I agree to undergo the examination and necessary treatments.

Signature of the Patient/Patient's Family: _____

Relationship to the Patient: _____

Signature of Witness (medical personnel of the hospital or patient's family): _____

Signature of Attending Physician: _____

_____DD _____MM _____YY