

Fine Needle Aspiration Information for Patients

Answers to frequently asked questions

What is FNA?

Your doctor has referred you to us for Fine Needle Aspiration (FNA). FNA is a quick and reliable method of sampling virtually any lump which can be felt, often eliminating the need for surgical biopsy. The biopsy is simple, requiring an appointment of only 10 to 15 minutes.

What is the history of FNA?

Over the past decade, FNA has been increasingly valuable in diagnosing lumps of virtually all causes.

Previously, a patient and doctor had to choose between the simple, but possibly unreliable process of observation versus the complexity but greater accuracy of surgery. Now, instead of needing surgery to obtain tissue, FNA uses a tiny needle to remove minute fragments of tissue while leaving the lump unchanged. These fragments are spread onto glass slides and examined under a microscope.

What is the purpose of performing FNA?

Once either you or your doctor feel a lump in your body, important questions arise. This lump can be the result of an unknown injury such as scar tissue, a cyst, an infection, a tumour, and so on. Although many indirect tests such as x-rays and laboratory studies can be helpful, these usually are not sufficient to determine what treatment is needed. Depending upon the exact diagnosis of your lump, the treatment possibilities range from doing nothing other than watching it, to having it surgically removed. Your doctor will discuss these with you, once the results of your tests are available.

What is involved in the FNA procedure?

First we ask you several questions about your lump; Where it is located, when you or your doctor first noticed it, and have there been any changes in it? It is also important to know what might have caused the lump, such as trauma or infection. Next, we review x-rays or other reports, which you or your doctor might provide. Finally, we ask if you have any questions about the biopsy.

The size of the lump is measured and the location is noted so that you and your doctor can be sure exactly what area was sampled.

The actual biopsy is brief, lasting only a few seconds. The biopsy needle we use is smaller than that used to draw blood from your arm. The needle, which is attached to a small syringe, is gently inserted through the skin and into your lump for one or two seconds. That's it! Usually, we take about four samples of the lump. This assures you and your doctor that the specimen obtained is reasonably representative.

During the biopsy, most patients experience a vague sense of pressure. Relaxing after the first sample, many have commented, "is that all there is to this!". We use the smallest needle possible to obtain a reliable biopsy. Bleeding is minimal, and consists of a few drops of fluid from the needle site. The nurse may place a small adhesive strip over any skin puncture to protect your clothing. You may remove the strip at any time. You are free to return to work, or resume any other activity you wish. Please continue to take all prescribed medications as usual since the biopsy will not affect these.

What are the possible complications?

FNA biopsy by an experienced practitioner is virtually free of significant complications. The most common complication, which occurs in only about one quarter of our FNA patients, is bruising or tenderness in the area of the biopsy. In our experience this is mild, requires no specific medical attention, and disappears within a few days. Some patients note that an ice pack or mild non-aspirin medication (such as Panadol) helps. Complications such as rapid swelling, bleeding, or infection are extraordinarily rare. IF these or any unusual symptoms occur, please call your doctor or our office immediately.

Even though the risk of a significant complication is small, FNA does have a small risk, like every medical procedure. However, there is also a risk in choosing just to watch a lump without a biopsy if the lump proves to be malignant. In most instances we believe the risk of FNA to be less than observation without biopsy. We will not perform the biopsy if we feel the procedure would not benefit you. In that case, a written report describing our findings, and an explanation of why we did not perform the biopsy, will be sent to your physician.

Will the biopsy make the tumour spread?

Some patients have expressed concern that the biopsy might cause a tumour to spread. Many studies have shown that this risk is minute. Hundreds of thousands of needle biopsies have been performed worldwide, and only about two dozen instances of tumour spreading as a consequence of the biopsy have been reported.

What are the goals and limits of FNA?

Our goal is to determine the cause of your lump which we can do in most cases. In a small number of cases, we can usually narrow the cause of the lump to two or three likely possibilities. In only a small number of cases the sample is too limited to help your doctor.

For either of these last two cases, your doctor might recommend a repeat FNA, a surgical biopsy, or other tests to further investigate the nature of your lump.

Despite our experience and the care we devote to each case, no procedure is 100% accurate. The chance of your FNA failing to find a malignancy when it is present is approximately 3% to 5%. Thus, neither patient nor doctor should take a benign diagnosis as an indication to forget your lump. Instead, you should continue in your doctor's care so that both of you can watch your lump. If it enlarges, it is imperative that either we resample it, or it be surgically removed, as this may indicate an underlying malignancy.

Although rare, there are times when we cannot feel the nodule to be biopsied because of its depth, position or texture. If the nodule cannot be felt, we cannot do the procedure. If this happens, we will discuss it with your doctor who can then best advise you on alternative tests that may be necessary. It is important to seek your original doctor's advice because one's inability to feel a lump does not necessarily rule out malignancy.

Are you thinking of not coming in?

Although most patients look upon FNA much as they would a blood test, some patients put off scheduling the biopsy, or fail to keep an appointment, for a variety of reasons. These include a fear of needles, or a fear of what the biopsy might find. Rather than risk delay in your diagnosis, we urge you to make and keep your appointment with us. In the meantime, write down your questions so you won't forget them. Then, come in to see us. You have our absolute assurance that we will give you honest, straight answers. We believe you have a right to these answers, and that we have a duty to provide them to you.

If you still do not desire the biopsy after this discussion, we will respect your decision and you will be free to leave. We will not pressure you into having a biopsy you do not want.