NHS
Oxford University Hospitals
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Ultrasound guided biopsy of the neck

Information for patients

What is an ultrasound guided biopsy of the neck?

A neck biopsy is a procedure to take a tissue sample of your neck lump, including the thyroid gland.

The ultrasound scanner uses high frequency sound waves which reflect back off body parts to make an image of your neck on the screen. The image is then used to guide a fine needle to the right place in your neck and collect small pieces of tissue. The sample or 'biopsy' is sent to the laboratory to be analysed.

What are the benefits?

The doctors looking after you are unsure of the cause of your neck lump and have recommended that you have a biopsy to help them find out what it might be to help them decide on the most suitable treatment.

Having the biopsy might avoid a surgical procedure to find more about the lump.

What are the risks?

Neck biopsy is considered a safe procedure. It very rarely causes complications. Occasionally you may develop a bruise or rarely a haematoma (a larger collection of blood under your skin).

The doctor performing the biopsy will discuss the specific risks with you before asking your permission to perform the biopsy.

Are there different types of biopsy?

Yes. The Fine Needle Aspiration (FNA) and the Core Biopsy.

The decision of which type of biopsy you need, will be made by the doctors looking after you.

For an FNA, we use a very fine needle – smaller than the one used when you have your blood taken. With FNA there is usually no need for local anaesthetic (to make the area numb) because giving the local anaesthetic would be more uncomfortable than the FNA.

For a Core Biopsy a slightly thicker needle is used so that a larger tissue sample can be taken for examination. If you have a Core Biopsy you will have a local anaesthetic injected into your skin to make it go numb before the biopsy is carried out.

What should I do to prepare for the procedure?

Unless we have told you otherwise, continue to take your regular medication as usual, with a small amount of water.

You might be asked to stop taking blood thinning medication before the procedure.

Can I bring a relative or friend?

Yes, but they will usually be asked to wait outside the ultrasound room during the actual procedure.

What does the procedure involve?

When your biopsy is due to start, you will be shown into the scan room where you will meet the doctor.

You will be asked to lie on your back with a pillow between your shoulders. The doctor will spread some gel on the skin of your neck and and use the ultrasound probe to scan the area to decide if a biopsy is required and can be performed.

If you need a biopsy, the doctor might mark your skin and will then explain the procedure and the risks involved. For FNA, the doctor will ask you for your consent but there is no need to sign a form. For a core biopsy, the doctor will then ask you to sign the consent form to obtain your permission for the biopsy to go ahead.

The doctor might also ask if you will allow the biopsy sample to be stored so that it may be used for research. This may benefit other patients in the future; the biopsy will be performed in the same way whether you answer yes or no. If you have any questions or concerns, please ask the doctor.

The doctor will clean your skin and place a sterile drape over the area.

For an FNA, the doctor will insert a needle usually around 3 times into the lump and move it up and down within it in order to collect the samples which are sent to the laboratory to be analysed.

For a Core Biopsy, after numbing the skin, the doctor will make a tiny incision to allow the biopsy needle through. You will then hear loud clicking noises when the biopsy samples are taken.

Your doctor will then press on the area for a few minutes after the biopsies have been taken to minimise bleeding. A small skin dressing will be put on the site.

The whole procedure takes approximately 20-30 minutes.

Does it hurt?

For an FNA, you will feel a discomfort similar to having a blood test, but in your neck.

For a Core Biopsy, you will feel a sting or burning sensation when you are given the local anaesthetic.

What happens after the procedure?

There is a small risk of bleeding and so you might be asked to remain in the department for a few minutes to make sure there is no immediate swelling or oozing before being sent home.

We advise you to rest and avoid vigorous physical activity or heavy lifting for 48 hours after the biopsy.

Most people are comfortable enough to go back to work the same day or the day after this procedure, if it does not involve strenuous activity or heavy lifting.

You might have some minor discomfort or pain for 1 - 2 days after the biopsy. Taking a painkiller like paracetamol can help.

You can eat and drink as normal.

If there is any bleeding or swelling, pressing on the wound for up to 15 minutes and it should stop.

If there is ongoing swelling, bleeding, pain or you are worried, contact your nearest A & E department. Tell them you have had a neck biopsy in the radiology department.

For less urgent queries, you may phone the radiology department you had the biopsy at during the day:

Horton Hospital:

Call **01295 229 185** and press option 4 between 9 am - 4 pm and ask to speak to a nurse.

Churchill Hospital:

Call **01865 235 761** / **53**

John Radcliffe Hospital:

Call **01865 226263** and ask to speak to a nurse.

When do I get the results?

The results of your neck biopsy will usually be available a week later to the doctor who organised the ultrasound, who will discuss the results with you.

The biopsy will provide a diagnosis in about 9 out of every 10 patients. 1 out of 10 patients might require a further sample before a diagnosis. In this case, you might be asked to come back for another repeat biopsy.

How to contact us

If you have any questions or concerns, please contact the Radiology Department using the number on your appointment letter.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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