DEPARTMENT OF RADIOLOGY

What is an ultrasound guided biopsy of the neck?

A neck biopsy is a procedure to take a tissue sample of your neck lump. This can also be performed using a technique called fine needle aspiration This can be carried out anywhere in the neck, including from a lump within the thyroid gland using ultrasound.

Why Do I Need a Biopsy/fine needle aspiration

The results of the examinations by the doctor, or the results of other tests that your have had (such as blood tests or imaging tests) show that you may have an abnormality in your neck.

The doctors looking after you are unsure of what is exactly causing this abnormality or lump. They have recommended that you have a neck biopsy/fine needle aspiration to help them to find out what it might be and why it is there. This will help them to decide on the most suitable treatment for you.

What Are the Benefits?

Having the biopsy/fine needle aspiration may mean you won't have to have a surgical procedure to find out about the lump.

Please note that you may not need a biopsy/fine needle aspiration – the radiologist will undertake the ultrasound first to determine if you do or do not need the procedure.

What are the risks?

Neck biopsy/ fine needle aspiration is considered a safe procedure. It very rarely causes any complications. Occasionally you may develop a bruise or rarely a haematoma (a larger collection of blood under your skin). The doctor performing the procedure will discuss the specific risks with you before asking your permission to perform it.

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.

For a fine needle aspiration, the doctor will clean the skin where the needle is to be inserted. In some cases you will also be given a local anaesthetic to numb the area. This may not be necessary if the lump is very close to the surface of your skin.

The doctor will use ultrasound to locate the lump and will hold the lump steady with one hand and insert a thin needle (which may be attached to a syringe) into the lump. The doctor may move the needle in and out of the area to make sure of getting enough tissue or fluid. If there is a syringe attached the doctor will gently pull back on the plunger to help remove the tissue or fluid. The process takes a few seconds to a few minutes. The needle will then gently be removed and your doctor may apply some pressure to help stop any bleeding.

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Who will be performing the biopsy/fine needle aspiration?

Patient Information Leaflet for: Ultrasound Guided Core Biopsy/Fine Needle Aspiration of the Neck

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Ultrasound Guided Core Biopsy/Fine Needle Aspiration of the Neck

A specially trained doctor called a radiologist will perform the biopsy. The radiologist will use an ultrasound machine to help perform the biopsy and ensure the sample is taken from exactly the right place.

Pre-procedure Advice

Unless we have told you otherwise, continue to take your regular medication as usual with a small amount of water. You can eat and drink as normal before the procedure. You are able to drive to and from the appointment, but you are able to bring someone with you for support if you wish.

If you take an anticoagulant (blood thinning drug) such as warfarin you may be asked to stop taking this for 4 days before the procedure and restart it the day after. Please ring the Radiology Department as soon as you receive your appointment letter for advice on this.

Giving my consent (permission)

The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives. If there is anything you do not understand or you need more time to think about it, please tell the staff caring for you.

What does the procedure involve?

You will be asked to lie on your back on the ultrasound table with a pillow between your shoulders. The doctor will spread some gel on the skin of your neck and use the ultrasound probe to find the area of concern. When the area has been found the doctor will clean your skin and insert a small needle into the area. If you are having a fine needle aspiration, the needle may be moved up and down within the neck lump in order to collect the sample. The needle is then removed, and the sample sent to the laboratory to be analysed.

The biopsy will usually only need to be performed once but if the sample is not enough to make a diagnosis, you may need to have a further biopsy taken. The whole procedure takes approximately 20-30 minutes.

The doctor will 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 regardless of whether you answer yes or no. If you have any guestions or concerns, please ask the doctor.

Will I feel pain?

You may feel a sting when you are given the local anaesthetic. You will only feel a minor scratch or discomfort during the biopsy.

What happens after the procedure?

After the neck biopsy/fine needle aspiration you can go straight home. You can eat and drink as normal. We advise you to avoid vigorous physical activity for 24 hours after the biopsy. Most people are comfortable enough to go back to work the same day or the day after the procedure. You can also shower and bath as normal after the procedure.

How will I get the results of my biopsy?

The results of your neck biopsy/fine needle aspiration will be sent to the referring doctor

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Ultrasound Guided Core Biopsy/Fine Needle Aspiration of the Neck

Contact Information:

Access to Radiology

How to find us:	East Outpatients entrance and follow the signs to Level 2 Radiology. You can find more information at: www.nnuh.nhs.uk
Hospital transport:	To enquire about hospital transport telephone 0333 240 4100
Contact details:	Telephone : 01603 288469
	Email: nnu-tr.ultrasound@nhs.net
	Website: www.nnuh.nhs.uk

Adapted from the leaflet "Ultrasound guided biopsy of the neck: Information for patients" from the Oxford University Hospitals NHS Trust

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