

## 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. 1 month (30 days) after the procedure
2. 3 months after the procedure
3. 6 months after the procedure

I understand that further observation or admission may be required following the procedure, depending on condition after ablation

Signed:

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Patient Name

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DATE

