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FINE NEEDLE ASPIRATION INFORMATION FOR PATIENTS

FREQUENTLY ASKED QUESTIONS

A Fine Needle Aspiration (FNA) has a similar purpose to a biopsy whereby a diagnosis of a particular lump or lesion is made by examining individual cells, as opposed to a piece of tissue which is cut out from the lesion or lump. The cells are aspirated or sucked out using a very fine, 23 gauge needle, smaller than that used for obtaining blood for a blood test.

What are the advantages of an FNA over a biopsy?

An FNA is a simple and rapid procedure which avoids the need for hospitalisation and anaesthesia which would otherwise be necessary for a formal biopsy procedure. The costs and complications of the procedure are therefore also considerably reduced. There is no cutting, stitching or scarring involved in the procedure. If the lesion is superficial and palpable (ie. can be felt), the FNA is usually performed as an outpatient procedure, whereas more deep seated lesions and some superficial lesions, such as the breast and thyroid, are performed under radiological guidance to ensure needle localisation and adequate sampling of the lesion. In many instances an FNA will reduce unnecessary surgery and will allow timely and appropriate clinical intervention.



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What does the procedure entail?

In the laboratory, the FNA is performed by a specialist pathologist who will examine the lesion and then explain the procedure to you, ensuring that you understand what the procedure involves. The skin overlying the lesion is first cleansed with an alcohol swab and, a fine needle attached to a syringe is directed.

The needle is then rapidly moved within the lesion in short quick strokes under slight suction of the syringe which allows sampling of the whole lesion and enables the cells to be sucked up into the syringe. This process should last approximately 10 seconds and the attending pathologist will then withdraw the needle and apply a cotton wool swab. The aspirated material is then expressed from the syringe and spread onto glass slides for further preparation and examination in the laboratory.

Depending on the amount of material obtained and the need for additional diagnostic techniques, a further FNA may be performed which would mean a repeat of the above described procedure. A bandaid is applied upon completion.

Will the procedure hurt?

The needle used for an FNA is much finer than that used for a blood test, and as a result, the FNA should be no more painful and is extremely well tolerated by most patients. The procedure is also very quick and a local anaesthetic is usually not necessary.



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How long does the procedure take?

The actual FNA is a quick and simple procedure and each needle pass should last about 10 seconds. In most instances, two needle passes are performed and on exceptional occasions, a third or even fourth needle pass may be necessary. This would depend on the nature of the lesion and what further diagnostic tests need to be performed on the aspirated material to ensure that the appropriate and complete diagnostic information is given to your referring doctor.

What are the possible side effects or complications?

There are no side effects or complications following the vast majority of FNA's. Some patients may experience slight bruising or tenderness at the FNA site which will resolve in the following day or two. Patients who are prone to fainting may experience slight dizziness but this too will pass following a period of rest immediately after the procedure.

Will I be able to return to work that day?

Just as for a blood test, patients having an FNA will be able to continue with their daily routine after the procedure.

Do I need to fast before the FNA?

There is no need to fast and you will be able to eat and drink both before and immediately after the procedure.



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What should I do if I am on anticoagulants?

Your referring doctor may wish to stop your anticoagulation for some FNA's depending on where the lesion to be aspirated is situated. However, in most instances this should not be necessary, provided that you inform the pathologist that you are on anticoagulants so that he or she can apply the cotton wool swab with some pressure for longer than usual, until such time that bleeding after the procedure ceases, just as would be the case following a blood test.

Who will interpret the test?

A team of Cytology scientists and a specialist Pathologist (Medical Doctor), will examine the material under the microscope after it has been prepared and stained in the laboratory. If the case is complex or problematic, several specialist opinions will be sought before a final diagnosis is made.

How long will the result take?

Generally, most FNA results of procedures performed in the laboratory will be available on the same day of the procedure or the day after. There are some cases where the final result may be delayed by a day or two at the most because of further diagnostic tests and special stains.

How will I get my results?

The result of the FNA will be sent to the referring doctor, who will then discuss the result with you, usually by way of a follow up appointment or as otherwise arranged.