Ultrasound-Guided FNA

About your procedure

Read this handout to learn how an ultrasound-guided FNA works, how to prepare for the procedure, how it is done, what to expect during the FNA, and how to get your results.

What is an ultrasound-guided FNA?

FNA stands for fine needle aspiration. In an ultrasound-guided FNA, your doctor uses a very thin needle to take a small sample of cells from your body. Your doctor will use ultrasound during the FNA to help guide the needle.

How should I prepare for the FNA?

- If you normally take aspirin or other anticoagulant medicine (blood thinners), follow the instructions for not taking it that the Imaging Services scheduling staff gave you. They have checked with our clinic doctors about whether you should stop taking the blood thinners before your FNA.
- You may eat a light meal before your procedure.
- Wear loose-fitting, comfortable clothes.

How is the procedure done?

In the exam room, you will change into a hospital gown so that the cleaning solution used on your skin does not stain your clothes. You will then lie on your back on a comfortable exam table.

Next, warm gel is applied to your skin in the area of interest. The ultrasound technologist (sonographer) then presses a hand-held device called a transducer against your skin in that area. The transducer makes ultrasound waves and then receives the echoes from the body’s tissues. These echoes form pictures of the tissues that are being studied. These pictures appear on a computer screen.

The radiologist (a doctor who interprets ultrasound and other imaging techniques) uses the pictures to locate the area of interest and guide the needle during the FNA. When the area is located, the radiologist will decide the best way to reach it with a needle to get a tissue sample.
A blue disinfectant called ChloraPrep or an iodine solution will then be applied to your skin where the FNA needle will be inserted. The area will be draped with sterile towels to create a germ-free working space.

The anesthetic lidocaine (a numbing medicine that blocks pain) will be injected into the tissues leading to the area of interest. Usually this area is a nodule (lump), a lymph node, or an area where fluid has collected. These injections will burn or sting, but this feeling will quickly go away as the lidocaine takes effect.

When the area is numb, a small needle is inserted into it. The needle may be moved slightly up and down within the area. This is the “aspiration” part of the procedure. By moving the needle slightly, cells from the area of interest are caught inside the needle and can be removed. If fluid is being collected, it will be withdrawn through the needle into the syringe or bottle.

Each aspiration lasts about 10 to 15 seconds. Usually 4 separate aspirations are done to get enough cells to make a diagnosis. The cells will be sent to the lab to be analyzed. It will take 3 to 4 business days to get the results.

What will I feel during the FNA procedure?

You will feel the sonographer applying warm gel to the area of interest and pressing the transducer against your skin. The transducer will be pressed against your skin during the entire FNA procedure, since the ultrasound is used both to find the area and to show where the needle is moving.

You will feel a small needle stick and “burn” as the lidocaine is injected into the area of interest. Once the area is numb, most patients say they feel pressure during the FNA.

After the procedure is done, the area of interest will be cleaned with warm water. You will be given a Band-Aid to cover the needle site. Some patients may have mild swelling and bruising after the FNA.

Who interprets the results and how do I get them?

The radiologist who specializes in ultrasound will review the pictures and send a report to your referring doctor to confirm that the FNA was done. The pathologist will interpret the FNA results and send a report to your doctor who referred you for the test. Your referring doctor will give you your test results.