



Percutaneous Transthoracic Fine Needle Aspiration (FNA) or Biopsy

This brochure tells you about the benefits and the risks, what happens before, during and after having a Percutaneous Transthoracic FNA.

What is a Percutaneous Transthoracic FNA?

A percutaneous transthoracic FNA is used to look at and take samples of lumps or growths in the lung or other tissues in the chest, such as lymph nodes or problems in the lining of the lungs.

A CT scanner, x-ray or ultrasound machine is used to guide a small needle through the skin and into the lump or growth.

Benefits of a Percutaneous Transthoracic FNA

- Used instead of surgery to obtain a diagnosis
- Used to see how far the disease has spread before surgery or other treatment.

Risks of Percutaneous Transthoracic FNA

Your doctor knows the risks of a percutaneous transthoracic FNA and will advise you whether the benefits outweigh any possible risk. Possible risks are:

- Pneumothorax (air around the lung) – may need treatment with a tube in the chest.
- Cannot see the area around the lump or growth. Other problems may be missed because of this.
- Small risk of infection or bleeding.
- You may cough up some blood during the procedure. This usually stops soon afterwards.
- Not being able to get a large enough sample to make a diagnosis.

Preparation

- Bring your referral letter or request form and all x-rays taken in the last 2 years with you.

- Leave the x-rays with the radiology staff as the doctor may need to look at them. The radiology staff will tell you when these are ready to be picked up.
- Leave all jewellery and valuables at home.
- You will be admitted as a day patient.
- You will be asked not to eat food or drink milk for a few hours before the test.
- You will be asked not to drink water for 2 to 4 hours before the test.

Just before the Percutaneous Transthoracic FNA:

- You may be given a gown to wear.
- You may be asked to remove any metal objects.
- You may be given a tablet to relax you.

Important to tell your doctor before the Percutaneous Transthoracic FNA

- If you are or may be pregnant.
- If you are on any blood thinning medication (warfarin, regular aspirin, clapidrogrel).
- If you are diabetic.
- If you are planning to fly on a plane soon after the FNA.

What happens during a Percutaneous Transthoracic FNA?

You will be asked to either sit or lie down depending on why you are having the percutaneous transthoracic FNA. Staff will clean the skin where you are having the biopsy and place sterile drapes over you. They will sometimes inject a local anaesthetic into the skin, but not always.

The radiology doctor will use x-ray, CT or ultrasound to guide them while they put a needle into the lump or area they are looking at. They will use the needle to take a sample (biopsy) of the area. You will feel a slight pressure but this should not hurt.

The percutaneous transthoracic FNA usually takes about 30 minutes to one hour including time taken to get ready.

Consent

You have the right to refuse an examination and may do so if you wish. You will be asked to fill in a consent form.

When will I get the results?

The amount of time it takes for you to get your results will differ depending on where you get your scans done. The radiology doctor will look at the pictures and write a report. The pictures may be on films or on a CD.

Ask whether you should wait to take the pictures and report with you, or whether they will be sent to your doctor.

Your doctor will need to discuss the report with you. You will need to make an appointment to do this.

After the Percutaneous Transthoracic FNA

- You will usually have a chest x-ray straight after the procedure and then 3 - 4 hours afterwards to check for pneumothorax.
- You will be taken to a recovery area on a stretcher.
- Staff will check your heart rate and blood pressure a few times.
- Staff will give you any special instructions

You will usually stay in hospital for a few hours after the procedure has finished. You should rest when you get home but can continue with normal activities the next day.

Sedation can last for up to 24 hours afterwards. You must not drive a car or take public transport and must have someone with you for 24 hours after your test. You must not operate machinery for the rest of the day.

Costs

For an Australian patient in a Public Hospital in Western Australia

- Public patient – No cost to you unless advised otherwise
- Private patient – Costs can be claimed through Medicare and your health insurance provider

For a patient in a Private Hospital or Private Imaging Site in Western Australia or a patient outside Western Australia

- Ask your doctor or the staff where you are having your test done what the cost will be

Further Information

For more detailed information, please see [InsideRadiology](#), a resource produced especially for consumers by the [Royal Australian and New Zealand College of Radiologists](#).

If you would like to look at other relevant brochures, please see

- [CT Scan](#)
- [Plain x-ray](#)
- [Ultrasound](#)
- [Radiation risks of x-rays and scans](#)

Or log into the Diagnostic Imaging Pathways website - www.imagingpathways.health.wa.gov.au/includes/consumer.html

or

If you have questions or require any further information please contact your doctor or speak to the staff where you are going to have your procedure.

Consumer Participation

This information has been reviewed by representatives from the following groups:

- Aboriginal people
- People with disabilities
- Seniors
- CALD (Culturally and Linguistically Diverse)
- The Health Consumers' Council.

Feedback

The Division of Imaging Services, Royal Perth Hospital is committed to providing a friendly and professional service. If you would like to provide feedback on this information sheet, please send to:

Quality Coordinator
Imaging Services
Royal Perth Hospital
GPO Box X2213
Perth WA 6000

Website

For more information go to www.imagingpathways.health.wa.gov.au

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