CONSENT FORM FOR PERCUTANEOUS ETHANOL ABLATION (PEA) OF THYROID CYST/NODULE

Utah Endocrinology Associates

Physician: Alireza Falahati-Nini, M.D., FACE

I, _____, hereby give my informed consent to undergo percutaneous ethanol ablation for my thyroid cyst/nodule, after having been fully informed by Dr. Alireza Falahati-Nini about the nature, purpose, benefits, risks, complications, and alternatives of the procedure.

Procedure Details: This procedure involves injecting a small amount of ethanol (alcohol) directly into the thyroid cyst or nodule through a thin needle. Ethanol causes the cyst or nodule tissue to harden and shrink, thereby reducing its size and alleviating any associated symptoms.

Purpose and Benefits: The main purpose of this procedure is to reduce the size of my thyroid cyst/nodule without resorting to invasive surgical interventions. The benefits may include relief from symptoms such as discomfort in the neck, difficulty swallowing, breathing, or speaking, cosmetic improvement, and a decrease in the size of the cyst/nodule.

Risks and Complications: Like all medical procedures, percutaneous ethanol ablation carries certain risks, including:

- **Bleeding:** Although uncommon, there's a risk of bleeding during or after the procedure.

- **Infection:** There's a small risk of infection at the injection site.

- **Nerve damage:** Nearby structures such as nerves could potentially be damaged during the procedure, which could lead to voice changes or hoarseness.

- **Incomplete reduction:** There's a chance that the cyst/nodule may not shrink as much as expected.

- **Allergic reaction:** Although rare, some individuals may experience an allergic reaction to the ethanol.

- **Pain/discomfort:** You might experience some discomfort at the injection site during and after the procedure.

Alternative Treatments:
Alternatives to percutaneous ethanol ablation include surgical removal of the thyroid nodule or the entire thyroid gland, radioactive iodine treatment, or watchful waiting. Each alternative has its own benefits, risks, and consequences which have been discussed with me.

No Guarantee:
I understand that while every effort will be made to provide the best possible medical care, the practice of medicine and surgery is not an exact science, and no guarantees or assurances have been made to me concerning the results of this procedure.

Questions and Withdrawal of Consent:
I acknowledge that all my questions regarding this procedure have been answered to my satisfaction. I understand that I have the right to withdraw my consent at any time before the procedure without affecting my future care.

I hereby authorize Dr. Alireza Falahati-Nini, M.D., FACE, to perform the percutaneous ethanol ablation procedure on me.

Patient's Signature: _____ Date: _____

Patient's Printed Name: _____

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Witness's Signature: _____ Date: _____

Witness's Printed Name: _____