

General Principles for the Safe  
Performance, Training, and  
Adoption of Ablation Techniques  
for Benign Thyroid nodules:  
An ATA<sup>®</sup> Statement

**Post-Procedure Management**

# Criteria for Safe Discharge

- Observe patients for 30 minutes to detect early complications
  - Assess breathing
  - Evaluate voice for hoarseness
  - Test swallowing with small sip of water
- Assess for hematoma prior to discharge
- Provide wound care instructions (see next slide)
- Ensure patient has ride home if any sedation or anxiolytics were used

# Post-Procedure Instructions

- Avoid submerging the area in water for 24 hours
- Avoid strenuous physical activity for 2-3 days
- Avoid any pressure or trauma to the neck

# Immediate safety concerns (up to 72 hours)

- Pain, soreness and mild swelling
  - Usually peak in first 3-5 days
  - Manage with ice packs and OTC analgesics
  - Avoid use of opiates
- Recurrent laryngeal nerve injury
  - Transient or permanent voice change
  - Requires evaluation with laryngoscopy

# Short-term safety concerns (3 days to 1 month)

- Transient hyperthyroidism due to destructive thyroiditis
  - Symptoms last 2-4 weeks
  - Manage with beta blocker and possible steroid taper
- Nodule rupture
  - Present at 2 weeks to 3 months post procedure
  - Sudden neck swelling
  - Diagnosis with ultrasound
  - If no airway compromise, management includes observation +/- steroids
  - Surgical management if size of mass does not decrease over time

# Long-term safety considerations (>1 month)

- Nodule regrowth
  - Risk is 5 - 40%, higher with larger baseline nodule volume
  - Typically occurs in untreated peripheral areas

# Follow up Recommendations

- Ultrasound
  - 1 - 3 months, 6 months and 12 months post ablation
  - Maximum nodule volume decrease is typically at 12 months
  - Annual follow up x 5 years to monitor for regrowth
  - Ensure patients/providers are aware of expected US changes
- Laboratory evaluation
  - Long term follow up is not needed for benign, non-functional nodule
  - Monitor TSH, free T4 for hyperfunctioning nodules at each follow up
  - Assess whether medical therapy can be discontinued

# Consideration for Repeat Ablation

- Failure to demonstrate  $>30\%$  volume reduction at 6 months
- Demonstration of regrowth
- Persistent or new compressive symptoms
- Consider FNA of areas of regrowth



# Considerations for repeat ablative sessions

- Most nodules <10-20 ml at baseline will not need a 2nd treatment
- Consider repeat ablation if:
  - Baseline volume > 20 - 30 ml
  - Less than 30% volume reduction at 6 months
  - Regrowth in previously untreated areas
  - New or persistent compressive symptoms
- Consider FNA of the area of regrowth prior to repeat ablation