

Patient Information Leaflet - Procedure Thyroid Scintigraphy

Scheduled examination - thyroid scintigraphy

Based on previous findings, you are to undergo a required special nuclear medicine examination today, called thyroid scintigraphy. A radiolabeled molecule (Tc-99m pertechnetate) will be used whose uptake in the thyroid gland can be recorded with a gamma camera.

Patient preparation and behavior on the day of the examination

You do not need any special preparation.

Procedure of the exam

The tracer will be administered intravenously in an arm vein, followed by a waiting period of 20 minutes which you will spend in a dedicated waiting room. This waiting period is required for the tracer to enrich in the thyroid. After this you will be asked to sit in front of a small field thyroid camera for about 2-3 minutes.

Radiation exposure, side-effects

The administered tracer does not have any pharmacological side-effects. You will only feel the sting of the skin puncture.

The radiation exposure caused by the examination is very low (about 1 mSv). For comparison: natural radiation exposure amounts to about 2-3 mSv per year.

Contraindications

Scintigraphy is contraindicated during pregnancy and breast-feeding.

Please inform us if you underwent any examination with an intravenous radiocontrast agent in the past few weeks. In that case, the probability of iodine blocking in the thyroid is high so that scintigraphy should not be performed.

- I confirm herewith that I had sufficient time to submit the declaration of consent and that I have understood the content of the informed consent discussion. I also confirm that I have read the Patient Information Leaflet - Procedure Thyroid Scintigraphy and understand the content thereof.
- I agree to undergo the recommended thyroid scintigraphy. My questions have been answered sufficiently.

I have been informed by the attending doctors that the examination/treatment I will undergo is potentially harmful to unborn babies. For this reason, I make the explicit and legally binding declaration that I am not pregnant at the time of the examination.

Signature of patient

Name and signature of doctor

*Signature of parent or legal guardian
(for patients under 18 years of age)*

Name and signature of RT

Date/Time