

Treating thyroid nodules with microwave ablation



MWA: a minimally invasive treatment option

Microwave ablation (MWA) is an ultrasound-guided, needle-based treatment for selected benign thyroid nodules.



No open surgery

Your doctor uses a thin needle to treat the nodule without an open surgical incision.¹



Helps preserve thyroid tissue and function

MWA treats the nodule while aiming to preserve thyroid tissue. Most patients with normal thyroid function before treatment do not need to start thyroid hormone medicine afterward. Those already taking it may need to continue.^{1,2}



Convenient same-day care

MWA is typically an outpatient procedure under local anesthesia, with or without sedation. Many patients go home the same day after monitoring.¹



Substantial nodule shrinkage over time

MWA can substantially reduce nodule volume over time.²

References:

1. Sinclair CF, et al. *Thyroid*. 2023;33(10):1150-1170.
2. Xiao W, et al. *Front Endocrinol (Lausanne)*. 2026;17:1822597.



MWA: substantial nodule reduction and shorter ablation time

In a 2026 study of 205 solid or predominantly solid benign thyroid nodules ≥ 4 cm.¹

46%

shorter median
ablation time vs.
RFA

In a 2026 study of 205 solid or predominantly solid benign thyroid nodules ≥ 4 cm.¹

82.5%

mean nodule
volume reduction at
12 months

In a matched cohort of 66 nodules per group.²

93.7%[†]

achieved >50%
volume reduction at
12 months

46% calculated from reported median ablation times (345 vs 644 seconds).²

[†] This result included repeat treatment; 18 of 205 nodules (8.8%) underwent a second MWA session during follow-up.¹

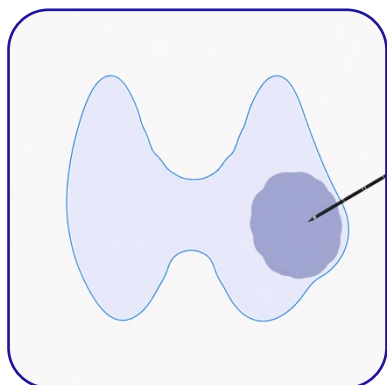
Results are from separate retrospective studies. Individual results may vary.

References: 1. Zhao Y, et al. Gland Surg. 2026;15(1):6.

2. Fung MHM, et al. Eur Radiol. 2026;36(3):1783-1796.

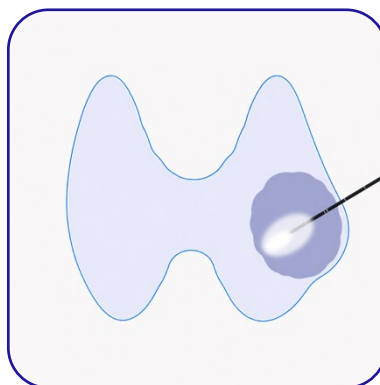
MWA treatment in 3 simple steps

MWA treats the nodule from within while helping preserve surrounding thyroid tissue.¹



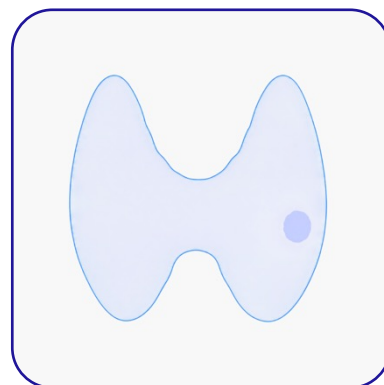
Locate

Your doctor uses ultrasound to guide a thin MWA needle into the treatment area.



Treat

Microwave energy heats selected tissue inside the nodule while the physician monitors the treatment.



Shrink

After treatment, the body gradually absorbs treated tissue and the nodule becomes smaller over time.²

MWA may be an option.

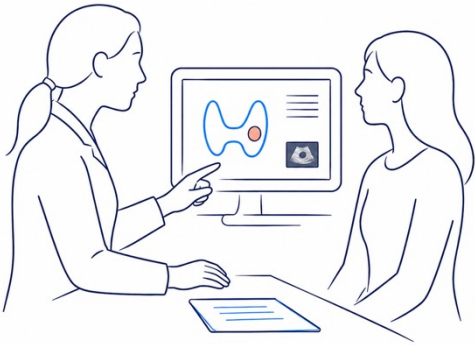
Your doctor can help determine whether it is appropriate for you.

References:

1. Sinclair CF, et al. Thyroid. 2023;33(10):1150-1170.
2. Du JR, et al. Front Endocrinol (Lausanne). 2022;13:941137.

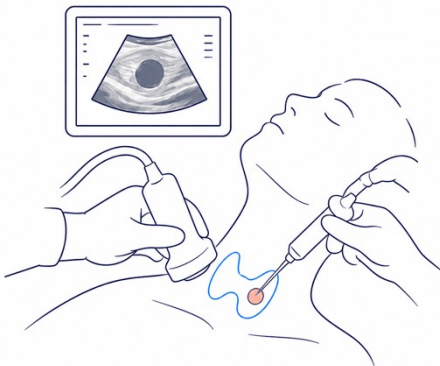
What to expect with MWA

Your care team will explain the details of your procedure. Here is a general overview of what to expect before, during, and after MWA.



Before

Your care team reviews imaging and biopsy information, confirms the plan, and gives preparation instructions.¹



During

Your care team helps keep you comfortable and monitors you throughout the procedure. Under local anesthesia, with sedation if needed, your doctor uses ultrasound to guide a thin needle into the nodule.¹



After

After a period of monitoring, many patients can go home the same day. Your care team will provide instructions on recovery, symptoms to watch for, and follow-up imaging.¹

Reference:

1. Sinclair CF, et al. Thyroid. 2023;33(10):1150-1170.

Continue the conversation

Use this guide to continue the discussion with your physician about whether MWA is appropriate for you, what results you may expect, and what follow-up may involve.

Prepare your questions
with the **Baird Medical
Doctor discussion
worksheet.**



Important information

This guide is for education and does not replace medical advice, diagnosis, or treatment. Not every thyroid nodule needs treatment, and MWA is not right for every patient or nodule. Your doctor can help you weigh the possible benefits, risks, limitations, and follow-up. For complete indications, contraindications, warnings, precautions, and potential adverse events, see the current product labeling and Instructions for Use.

Possible risks include pain, bruising or bleeding, swelling, skin burns, thyroid-function changes, and injury to nearby structures.^{1,2,3} Voice changes are often temporary but can be lasting.¹ Less common risks include infection or nodule rupture.¹ The nodule may not shrink enough or may regrow, and further ablation or surgery may be needed.^{1,4}

References:

1. Sinclair CF, et al. *Thyroid*. 2023;33(10):1150-1170.
2. Liu YJ, et al. *Exp Biol Med (Maywood)*. 2017;242(15):1515-1523.
3. Wu W, et al. *Endocr J*. 2017;64(11):1079-1085.
4. Du JR, et al. *Front Endocrinol (Lausanne)*. 2022;13:941137.

Baird Medical

12 E 49th St., 18th floor, New York, NY 10017

www.bairdmed.com | info@bairdmed.com | +1 (888) 508-6228

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