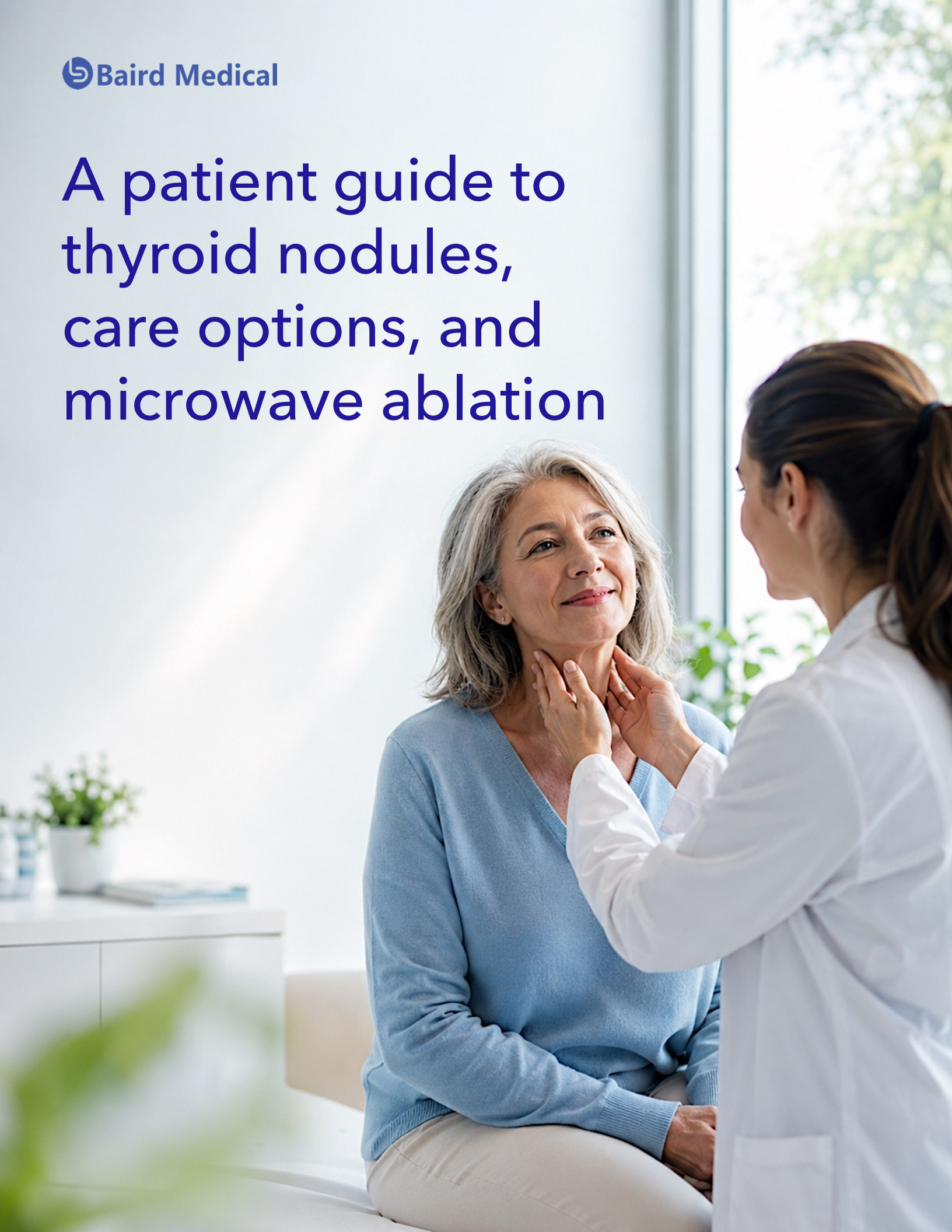
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A patient guide to thyroid nodules, care options, and microwave ablation



Understanding your thyroid and thyroid nodules

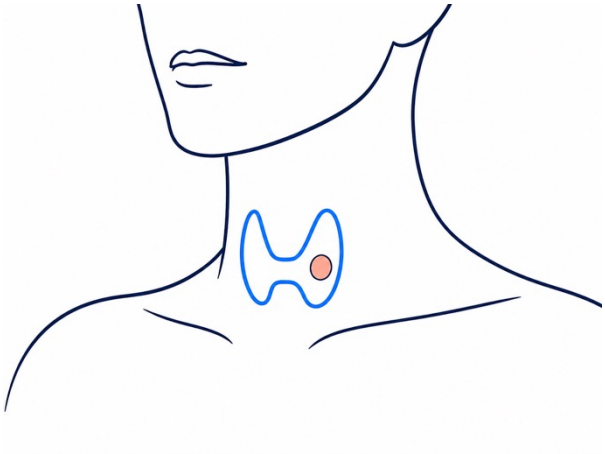
The thyroid is a small gland at the front of your neck that produces hormones. A thyroid nodule is a growth or lump within the gland. Most thyroid nodules are benign, and many cause no symptoms.[1]

Thyroid function

Blood tests help show how well your thyroid gland is producing hormones.

Thyroid nodule

Ultrasound and physical examination help evaluate the nodule's size, location and structure.



Most nodules do not cause symptoms. However, if you notice any symptoms below, please discuss them with your doctor.



Visible neck swelling



Trouble swallowing



Breathing-related pressure



Voice changes



Neck pressure or discomfort

How a thyroid nodule is evaluated



Physical exam



Thyroid blood testing



Ultrasound



Biopsy, when appropriate

Reference: 1. Durante C, et al. *Eur Thyroid J.* 2023;12(5):e230067.

What your results may mean

Benign

The nodule is noncancerous. Monitoring may be appropriate, but treatment may be discussed if it is growing or causing symptoms or visible changes.[1]

Indeterminate

The result does not clearly show whether the nodule is benign or malignant. Additional testing, another biopsy, or other evaluation may be recommended. [1]

Suspicious or malignant

Your doctor will explain the appropriate next steps, which may include surgery or other treatment options.[1]

When treatment may be discussed

For a confirmed benign nodule, treatment may be considered if it is:

- Causing symptoms
- Continuing to grow
- Creating a visible neck change
- Affecting your quality of life[1]

When a benign nodule needs treatment, your doctor may discuss **microwave ablation (MWA)**, radiofrequency ablation (RFA), surgery, or another approach.[2]



References: 1. Durante C, et al. *Eur Thyroid J.* 2023;12(5):e230067.
2. Sinclair CF, et al. Thyroid. 2023;33(10):1150–1170.

Understanding your treatment options

Treatment options differ in how they work, their effect on thyroid tissue, and recovery.

Surgery

Removes part or all of the thyroid

Thyroid surgery is usually performed under general anesthesia.[1] If only part of the thyroid is removed, the remaining thyroid may still produce enough hormone to meet the body's needs. Removing the whole thyroid requires lifelong thyroid hormone replacement.[3] Selected patients can go home the same day.[1]

Needle-based ablation (MWA and RFA)

Minimally invasive treatments to shrink the nodule

MWA and RFA use ultrasound-guided needles to heat selected tissue inside the thyroid nodule. The nodule can then shrink over time without an open neck incision. Both treatments aim to preserve surrounding thyroid tissue.[2]

These procedures are usually performed as outpatient procedures under local anesthesia, with or without sedation. Many patients can go home the same day after monitoring.[2,4]

References:
1. Noureldine SI, et al. Thyroid. 2026;36(6):561–581.
2. Sinclair CF, et al. Thyroid. 2023;33(10):1150–1170.
3. American Thyroid Association. Clinical Thyroidology for the Public. 2020;13(11):9–10.
4. Fung MHM, et al. Eur Radiol. 2026;36:1783–1796.

MWA: substantial nodule reduction and shorter ablation time

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

46%

shorter median ablation time vs. RFA

In a matched cohort of 66 nodules per group.[2]

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

93.7%†

achieved >50% volume reduction at 12 months

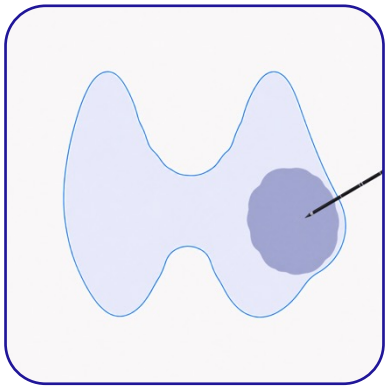
46% calculated from reported median ablation times (345 vs 644 seconds).[2]
† This result included repeat treatment; 18 of 205 nodules (8.8%) underwent a second MWA session during follow-up.[1]

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.

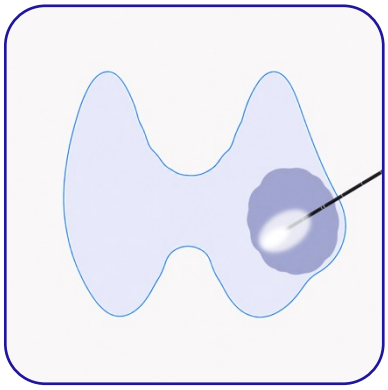
MWA treatment in 3 simple steps

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



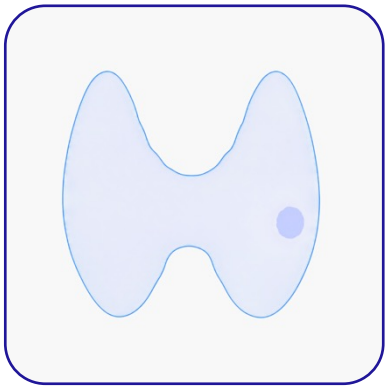
Locate

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.

Start the conversation

If you have a confirmed benign thyroid nodule that is growing, causing symptoms, or creating a visible change, it may be worth asking your doctor whether MWA should be part of your treatment discussion.

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



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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.

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