



Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## BREAST CYST ASPIRATION

**Diagnostic Imaging Department**  
**222 Medical Circle**  
**Morehead, KY 40351**  
**Office: 606-783-6761**  
**Fax: 606-783-6935**

**Patients:**  
These are the instructions for your  
scheduled procedure in our  
Diagnostic Imaging Department.

### Scheduling

Your examination has been scheduled for:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **A.M./P.M.**

The above time has been reserved for you. Please arrive 15 minutes before the appointed time so you can register. When you arrive to register, please follow the guidelines below to know where to sign in:

Admitting/Registration - 6:30 a.m. to 11:00 p.m.  
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.

### Purpose

This procedure is performed in order to remove fluid from a cyst.

### Preparation

None

### Procedure

Dressed in a gown, you will lie on a bed. The technologist will apply gel on the breast area. A hand held instrument will be moved over the area and images recorded. The radiologist will then insert a needle into the breast and remove the fluid. The area will be scanned again to confirm that all the fluid was removed.

### Results

The radiologist will review your exam and send a written report to your physician. You will have to contact your physician for the results. Your physician will discuss the results with you as appropriate. The technologist will be unable to give you any information or interpretation about the results of your exam.

If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761.