

Nuclear Medicine: Iodine-131 Metastatic Survey

To Schedule: (319) 861-7778

Questions about Procedure: (319) 398-6050

What is an Iodine-131 Metastatic Survey?

An Iodine-131 Metastatic Survey is to assess the effectiveness of Iodine-131 therapy for thyroid cancer.

Preparation:

1. Discontinue anti-thyroid medications like synthroid for a minimum of 4 weeks prior to the exam. Your physician will determine if you will need to take thyrogen to diminish the effects of being taken off these drugs.
2. No x-ray contrast within 4 weeks prior to the exam
3. No multivitamins within 1 week prior to the exam
4. No amiodarone for at least 4 weeks prior to the exam. Consult your cardiologist prior to discontinue.
5. Do not eat or drink for 4 hours prior to the exam.

**PLEASE BRING THE FOLLOWING TO YOUR APPOINTMENT:
A PHOTO ID TO VERIFY YOUR IDENTITY
A LIST OF CURRENT MEDICATIONS YOU ARE TAKING**

Procedure:

For patients undergoing an I-131 Ablation dose:

You will be scheduled for imaging in the nuclear medicine department 10 days after your therapeutic dose of I-131.

The imaging will take at least 1-1 ½ hours with you lying on the imaging table.

For patients who have not undergone recent Iodine-131 therapy:

You will be scheduled to be administered a small amount of Iodine-131 and then asked to return 48 hours after administration.

Upon your return, the images will take at least 1-1 ½ hours with you lying on the imaging table.

Parking/Registration:

Park in the Mercy Medical Center 10th Street Parking Ramp, located at the corner of 10th Street and 8th Ave. SE. You will be pre-registered, so you can proceed to **Ground (G)** level and follow the signs to "Radiology (X-Ray)," also located on Ground (G) level.

Procedure Results (Who interprets the results):

A radiologist will review the images shortly after the exam is completed. A written report will be sent to your doctor. Your doctor will discuss the results with you. Please allow your physician time to review these results, usually 2 business days after the exam.

Your appointment date and time:

Procedure date: _____

Procedure time: _____ (Please arrive 15 minutes early)