Information For Patients

RADIOACTIVE IODINE TREATMENT FOR AN OVERACTIVE THYROID

Please read the following information about the use of radioactive iodine to treat an overactive thyroid gland.

Radioactive iodine treatment has been used for many years and many thousands of patients receive this treatment each year.

The radioactive iodine is normally given as a small capsule.

It has no immediate effect, but over a period of a few weeks you should notice an improvement in your health as it reduces the over-activity of your thyroid. The only side effect is that your thyroid gland may become under-active. This is common and may cause symptoms of weight gain, tiredness and feeling cold. An under-active thyroid is easily treated with Thyroxine tablets and it is important that you are seen regularly at a hospital clinic or by your General Practitioner.

It is important that you take some simple precautions to prevent the radioactive iodine coming into contact with other people, especially children. The following are the precautions which you should take.

Public Transport
- There is no restriction on the use of public transport.
- It is possible that radioactive iodine treatment may trigger sensitive airport security systems. If you are planning to travel by air in the first three months after treatment, you will be given a card which you can show to the airport staff.

Places of entertainment
- There is no restriction on visiting places of entertainment.

Returning to work
- Most people can return to work the day after their treatment.
- If your work involves food preparation you should wear disposable gloves for the first 14 days.
- If your work involves close contact with children or pregnant women for more than 15 minutes per day you should not return to work for 12 days.

Sleeping with an adult in the same bed
- Do not sleep with an adult in the same bed for 4 days.

Close contact with children and pregnant women
- Avoid any close contact (e.g. do not cuddle children) for 12 days. It is quite safe to be in the same room provided you remain at least 1 metre away most of the time.
- Avoid extended periods of close contact for 25 days (e.g. do not sleep in the same bed as a child or pregnant woman).
Pregnancy

- It is very important that women receiving radioactive iodine DO NOT become pregnant for 6 months following treatment.
- If you are, or might be, pregnant, or are planning to become pregnant in the next few months, it is important that you tell the doctor BEFORE you go for your treatment.
- If you are a woman of childbearing age, the clinic doctor may arrange for you to have a pregnancy test before you receive the radioactive iodine.
- If you are breast feeding it is important that you tell the doctor BEFORE you go for your treatment.

It is also recommended that men who receive radioactive iodine do not father children for 4 months after treatment.

*Please take the Patient Consent with you when you go for your treatment*
Patient Consent
RADIOACTIVE IODINE TREATMENT

I have discussed the patient’s treatment with him / her. I have supplied a copy of the appropriate ‘Information For Patients’ and have discussed the precautions he / she should take to minimise the radiation exposure of other people.

Doctor’s Name: ________________________________________
(PRNT)

Signature: ___________________________ Date: ________________

I have read and understood the Information For Patients.

I give my consent to receive radioactive iodine treatment.

For women of reproductive age

- I confirm that I am not pregnant and that I will tell the hospital staff if I become pregnant before I receive the radioactive iodine treatment.
- I understand that I should not receive radioactive iodine treatment when I am pregnant and I should avoid pregnancy for at least 6 months after receiving the radioactive iodine treatment.

Patient’s Name: ________________________________________
(PRNT)

Address: ________________________________________________
(PRNT)

________________________________________________________

Signature: ___________________________ Date: ________________