



## Neck lump clinic

Information for patients about the neck lump clinic and what tests may be required.



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### Why have I received an appointment in the neck lump clinic?

Your GP has referred you to an ear, nose, and throat (ENT) neck lump clinic. This is because you or your doctor has noticed a lump in your neck that requires specialist assessment.

Please check your appointment letter for details of the hospital that you need to attend.

You may be in the outpatient department and radiology department for up to three hours if you require scans or other tests.

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### What should I expect to happen during the appointment?

You will be seen by an ENT specialist who will ask you about your neck lump symptoms. Your ear, nose, throat, and voice box will also be checked for any other symptoms.

The specialist will also ask you about your smoking and alcohol habits, general symptoms such as weight loss, your medical history, and any medication you are currently taking, as well as your physical activity levels.

You should expect to have your neck examined. This will be easier if you wear a top that does not cover your neck.

You may also have your throat, ears and nose checked, including by flexible nasal endoscopy (see next section).

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## Nasal endoscopy

This is when the ENT specialist checks your nose, throat, and voice box with a thin, flexible camera with a light at the tip, called an endoscope.

The specialist will pass the endoscope through your nostrils, to the back of your nose, and look at your voice box. This can be uncomfortable. If it is too uncomfortable, local anaesthetic may be used to numb your nose and throat. Please see the [Flexible nasal endoscopy webpage](#) for more information about this test.

If a local anaesthetic is used, your throat will feel numb for about an hour afterwards. Do not eat or drink until you can feel the back of your throat again in case food or water go down your windpipe. Your eyes may water during the test.

Scans and biopsies may also be needed to find out what is wrong. Some patients do not need a scan after the ENT specialist has checked their neck. Arranging further tests is not a cause for concern. Harmless conditions may also need further tests, including imaging and biopsy, to find out what they are.

Not all the tests described below will necessarily be needed to reach a diagnosis.

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## Further tests

Scans are carried out in a radiology department.

### Neck ultrasound scan:

If the specialist thinks you have a large lump in your neck, they may organise an ultrasound scan to find out more information about the swelling. The gel will be placed on your neck and a probe will be passed over the area around the lump. Ultrasound is very good at looking at small areas of the neck to check glands, lymph nodes and fatty tissue. A tissue sample may be taken at the time of the ultrasound neck scan.

### Tissue sampling or biopsy:

A sample of tissue may be needed. The sample will be taken during a neck ultrasound scan in the x-ray department. The radiologist (x-ray doctor) will take cells from the neck lump with a small needle – this is called fine needle aspiration (FNA). Sometimes a sample of tissue is taken with a larger needle. This is called a core biopsy. A local anaesthetic injection will be given before a core biopsy, and in rare cases

before an FNA. It only takes a few minutes to work, and it numbs the area, so you will not feel any pain during the procedure. The whole procedure takes roughly 20-30 minutes.

After the tissue sampling, you can go home. You can eat and drink as usual. Most people can go back to work the next day but should avoid tiring activities for 24 hours afterwards.

## Are there any complications to an ultrasound-guided biopsy?

**Bruising and bleeding:** complications after tissue sampling are rare. The most common are bruising and bleeding around the biopsy area. Please tell your specialist if you are on blood-thinning medication such as warfarin, aspirin or clopidogrel. These kinds of medication may need to be stopped for a few days before your biopsy. Also tell your specialist if you are known to bruise easily or if you suffer from other blood conditions.

**Inflammation and infection:** occasionally, increasing swelling or inflammation can be noticed in the area the biopsy was taken for a few days afterwards. This is usually part of the healing process, and it will settle without any intervention. Infections can occur, but this is rare. If you notice increasing pain, redness and swelling, and the biopsy area is hot to touch or is leaking fluid, please tell your doctor. You may have an infection, and it is likely you will need a course of antibiotics to treat it.

**Insufficient sample:** sometimes the tissue sample does not give your specialist enough information about the nature of the lump. If this happens, a second sample may be needed, or your specialist may arrange a different test on a different day. In some patients, an **open neck node biopsy**, where a whole lymph node is removed under local or general anaesthetic in an operating theatre may be needed. Your ENT specialist will discuss what the risks are depending on the position of the lump in detail.

Your specialist may also take tissue samples from other areas under local anaesthetic or a general anaesthetic (please see ENT UK's leaflets '[Pharyngoscopy and upper oesophagoscopy](#)' and '[Microlaryngoscopy](#)'). Your specialist will explain to you what procedure is being performed and why.

## Blood tests

A blood sample may also have to be taken at the clinic. This is usually to prepare for imaging tests such as CT or MRI scans.

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## Results and follow-up

If you do not need any tests, your ENT specialist will probably tell you that you do not need any follow-up and put you back in the care of your GP.

Some hospitals will write to you if the results of your tests show that you do not need any treatment.

In some hospitals, the results from your ultrasound scan will be discussed with you before you leave. Tissue samples taken during your tests may have to be sent to be processed. The results will usually take a week or two to come back.

Your ENT specialist will arrange another appointment for you if more tests are needed, such as a Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) scan of your neck. An appointment may also be arranged to discuss your tissue sample results.

You may need an operation to look at your throat under general anaesthetic. If this is needed, the specialist will discuss it with you, and you will be asked to sign a consent form. Your specialist will explain the reason for these assessments and what they will involve, including possible risks and benefits.

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ENT UK would like to thank the authors and reviewers for their contribution

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**FEEDBACK SURVEY**



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