Introduction
Ultrasound guided thyroid nodule FNA is a common procedure throughout the United Kingdom and is part of the assessment of a thyroid nodule. Incidental findings from radiological investigations are an increasingly common phenomenon.

Aim
To determine the number of FNAs performed one year before and one year after recommendations. Determine the number incidentalomas and the original modality where they were detected. Determine whether there was a significant increase in the number of concerning lesions found, whether more operations were performed and whether there was any benefit for patients. Also, to study the relationship between the Thy3 lesions and number of follicular carcinomas.

Method
• A 2 year study of thyroid nodule FNAs, with the second year following the published recommendations.
• 123 FNAs in the first year and 174 the second year.
• Referral source, number of FNAs, success of FNAs, core biopsy and cytology results were determined.
• The number of operations (total thyroidectomy or lobectomy) was then determined and the results of histological analysis were compared to the cytology results.

Results
A significant increase in the number of referrals for thyroid nodule investigation following recommendations. Significant increase in the thyroid biopsy workload which was in part due to a large increase in incidentaloma reporting from imaging. FNAs adequacy was above 85% in both years.

Discussion:
Incidental findings of thyroid nodules is a controversial topic. Core biopsies are becoming more popular. Small nodules are a common finding within the thyroid gland and to perform FNAs or core biopsies in every lesion has been shown to be beneficial.

Conclusions:
A significant increase in thyroid cancers and thyroidectomies following significantly increased reporting of incidental findings from radiology. Overall perceived patient benefit. Indicating that actively reporting on all incidentalomas is necessary.