

# Pulmonary Nodule

## Patient information leaflet

This leaflet can be made available  
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600



/sthknhs



@sthk.nhs

[www.sthk.nhs.uk](http://www.sthk.nhs.uk)

**Author:** Lung Team  
**Department:** Respiratory  
**Document Number:** STHK1783  
**Version:** 1  
**Review date:** 01 / 02 / 2025

## What is a pulmonary nodule?

Pulmonary (Lung) nodule (s) are small areas of rounded shadowing in the lung.

They are usually less than 3cm (approximately 1inch).

They can be seen on a body scan (CT scan) and sometimes on a chest X-ray.

Nodules do not usually cause any symptoms.

## Your next appointment :

Patient name.....

Hospital number .....

Date of birth .....

Date of appointment .....

Time of appointment .....

## If I have more questions who can I contact?

Your GP will be kept fully informed about your progress. You can contact your GP for any information or if you have any questions.

If you have any further questions, please contact the Specialist Lung Nurses:

0151 430 2326 / 1367 (9am– 5pm, Monday-Friday)

If you have any of the following symptoms between your scans, then you should inform your GP who may wish to contact your chest constant for advice:

- ◆ Pain in your chest
- ◆ Shortness of breath
- ◆ Repeated chest infections
- ◆ Coughing up blood
- ◆ Unexplained weight loss

## Why do pulmonary nodules occur?

Pulmonary (Lung) nodules are very common and can happen for many different reasons.

They are found in approximately 1 in 4 (25%) older people who smoke or have ever smoked. People who have never smoked may also develop them.

Most pulmonary nodules are benign (non-cancerous). They can be due to scarring from previous lung infection including TB (tuberculosis). They are very common in conditions like rheumatoid arthritis.

In a small number of people (<2%), lung nodules can be a very early lung cancer or occasionally a secondary cancer that has spread from elsewhere in the body.

Cancerous nodules usually show slow growth over time or can change in other ways which we can monitor and detect on repeat CT scans.



## How are the nodules diagnosed?

Most pulmonary nodules are found by chance.

It is not always possible to know the cause of the nodule from a single CT scan. The nodule can often be too small to biopsy (this is a procedure performed to obtain a piece of the nodule for examination).

The best way to monitor the nodule is to repeat a CT scan after a set time interval to see if they grow or change.

Benign (non-cancerous) nodules mainly stay the same size or get smaller. Sometimes they can grow but this happens very slowly.

Malignant (cancerous) nodules will eventually grow but usually very slowly to begin with.

Usually a repeat CT scan is performed 3 or 12 months after the nodule (s) has first been found. How soon the scan is repeated depends on its size and appearance. If a repeat CT is required, it will be arranged as per nationally agreed guidelines. Some pulmonary nodules may not need a repeat scan at all.

CT scans are repeated over intervals of months to years to detect change to the nodule. This is called surveillance. The aim of this is to detect possible cancers sooner than if we did not do serial CT scans.



## What happens if the nodule has changed?

Whether or not surveillance scans are needed depends on multiple factors including :

- ◆ Whether you have smoked
- ◆ Whether you have other symptoms
- ◆ Whether you have other known cancers or a previous history of cancer
- ◆ Your general health and fitness
- ◆ The appearance of the nodule
- ◆ Your own wishes regarding further surveillance

Surveillance scans will be reviewed by specialist chest doctors.

If your nodule has grown, your repeat CT scan will be discussed at a meeting with the chest doctors and other specialist doctors including the radiology team.

In some cases you may have another type of scan arranged called a PET-CT scan.

If at this point the lung nodule appears to be cancerous, you will be seen in clinic to discuss the next steps. This will be a joint decision between you and your doctor.

If your nodule has stayed the same you will continue with surveillance scans unless you have completed the required number in which case you may be discharged.