



THYROIDECTOMY

Thyroidectomy is done under general anesthesia through a horizontal incision at the collar line. This incision heals well with minimal scarring and provides a safe access to identify the recurrent laryngeal nerves that control the vocal cords and remove all thyroid tumor tissue. Thyroid lobectomy is removal of one-half of the gland. A drain is usually placed and is removed 1-2 days after surgery. If the entire thyroid is removed, you will stay in the hospital for a day or two. If only half the thyroid is removed, you may be able to go home the same day as surgery.

BEFORE SURGERY: No aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, and red wine for one week prior to surgery. Tylenol is permitted at anytime. If you take Coumadin or other blood thinners please discuss this with your surgeon. Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water. The hospital or surgical center will call you the day before with time and instructions for surgery. Make arrangements for a ride home after surgery.

WOUND CARE: If your wound is covered with tape strips, no cleaning or ointment is necessary. Otherwise, clean the wound with hydrogen peroxide using a cotton swab twice each day. Apply antibiotic ointment to the wound if it is not covered with tape strips. If you have a bulb type drain, empty the drain bulb at least 3 times a day (and every time it fills) and record the output. Once the sutures and tape strips are removed, you may wash the wound with soap and water and gently dry the area. The skin around the incision will be numb for several months after surgery. Three weeks after surgery, you may begin to massage the wound using vitamin E or aloe containing oil or lotion. This will soften the scar over time.

PAIN: The main complaint after surgery is pain when swallowing. Some people experience a dull ache, while others feel a sharp pain for a week or two. Take the medications as prescribed by your physician.

VOICE: Your voice may go through some temporary changes with fluctuations in volume and clarity (hoarseness). Generally, the voice will be better in the mornings and “tire” toward the end of the day. This can last for variable periods of time, usually only several days, but can last several months.

DIET: Expect to eat a liquid and soft diet for the first few days after surgery. If you find yourself coughing immediately after drinking, try thicker liquids or pudding consistency foods. If you continue to have this problem or if you

develop chest discomfort or fever, let your doctor know. If a vocal cord weakness is present following surgery, a speech pathologist will be involved in selecting a diet that is appropriate.

THYROID HORMONE REPLACEMENT: If the entire thyroid gland is removed, you will need lifelong thyroid hormone replacement. If only a thyroid lobe is removed, you will probably not need thyroid pills, but it is possible that over the years, the remaining thyroid lobe can “wear out” and you may end up needing thyroid hormone replacement.

RISKS:

- Bleeding—please do not take aspirin or Motrin (Advil or Ibuprofen) for one week before or two weeks after surgery. Bleeding under the skin after surgery can put pressure on your airway making it difficult to breathe. The wound would need to be re-opened and the bleeding stopped.
- Infection
- Reaction to anesthesia
- Damage to adjacent structures
- Voicebox nerve paralysis/weakness—this can cause hoarseness and usually resolves within several months, but may be permanent. If both nerves are damaged (very rare), you might require a tracheostomy (breathing tube in the neck) and a feeding tube
- In about 8% of patients who have total thyroidectomy, the parathyroid glands (which control calcium levels) do not function properly immediately following surgery. This is usually temporary but does cause the calcium level in the blood to drop causing hypocalcemia. Symptoms of hypocalcemia include numbness and tingling in your hands, soles of your feet, and around your lips. These symptoms usually appear within 24-48 hours after surgery. It is rare for them to appear 72 hours or more after surgery. It is possible that all four parathyroid glands could inadvertently be taken out if the entire thyroid gland is removed, resulting in permanent low levels of calcium with muscle, nerve and heart problems. Lifelong calcium and vitamin D replacement would be necessary.
- Scar
- Potential for other surgeries and treatments
- Aspiration—food goes down the trachea (breathing tube)
- Airway blockage—difficulty breathing
- Hypothyroidism—tired feeling if not on adequate replacement medication, as well as constipation, weight gain, confusion, hair and skin changes, etc.

CANCER: Often we will not know before surgery if cancer is present. Rarely, we may find out during the surgery that a thyroid lobe has cancer in it; if so, we will remove the entire thyroid gland. More often we find out several days after surgery that cancer is present. If only one side was removed, we then have to take you back to the operating room a week after the first surgery to remove the

rest of the gland. If cancer is present, you will need a radioactive iodine treatment a month or so after surgery to destroy any remaining cancer cells.

WHEN TO CALL THE DOCTOR:

- Excessive bleeding
- Signs of dehydration
- Uncontrolled pain
- Shortness of breath
- Swelling and tightness in neck
- Numbness in hands and lips
- Excessive choking on food and drink

FOLLOW UP APPOINTMENTS ARE IMPORTANT. PLEASE CALL OUR OFFICE AT 801-328-2522 TO SCHEDULE AN APPOINTMENT AS DOCTORS' SCHEDULES DO FILL UP QUICKLY.

Please schedule your appointment between 1-2 days from surgery for drain removal and another one 4-6 days from surgery for suture removal.