HELENA EAR, NOSE & THROAT CLINIC
3116 Saddle Drive, Suite 4, Helena, MT 59601 | HelenaENT.com | Phone: (406) 204-2409 | Fax: (406) 422-5611

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THYROIDECTOMY

Thyroidectomy is the removal of all or part of your thyroid gland. Your thyroid is a butterfly-shaped gland located at the base of your neck. It produces hormones that regulate every aspect of your metabolism, from your heart rate to how quickly you burn calories.

Thyroidectomy is used to treat thyroid disorders, such as cancer, noncancerous enlargement of the thyroid (goiter) and overactive thyroid (hyperthyroidism).

How much of your thyroid gland is removed during thyroidectomy depends on the reason for surgery. If only a portion is removed (partial thyroidectomy), your thyroid may be able to function normally after surgery. If your entire thyroid is removed (total thyroidectomy), you need daily treatment with thyroid hormone to replace your thyroid's natural function.

Before Surgery:

- Nothing to eat or drink, including water, after midnight the night before surgery.
- All forms of aspirin should be stopped two weeks before surgery. This includes Bufferin, Anacin, Excedrin, and Alka-Seltzer.
- All Ibuprofen (Motrin, Advil) and Naproxen (Alieve) products should be stopped one week prior to the surgery.
- Anticoagulants (blood thinners) usually need to be stopped several days before surgery. Oral medications may need to be replaced with injected or intravenous (IV) medications. It is extremely important that both your surgeon and your physician (who has ordered the anticoagulants) discuss the optimum timing for stopping these medicines. Please be aware that many drugs and herbal products may be anticoagulants (blood thinners) although they are not used for that purpose.
- Tylenol (acetaminophen) can be used.
- The Hospital or Ambulatory Surgery Center will contact you about any prescription medication you might be taking. They will also inform you of what time they would like you to arrive for your surgery.

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During thyroidectomy

Surgeons perform thyroidectomy during general anesthesia, so you won't be conscious during the procedure. The anesthesiologist or anesthetist gives you an anesthetic medication as a gas — to breathe through a mask — or injects a liquid medication into a vein.

The surgical team places several monitors on your body to help make sure that your heart rate, blood pressure and blood oxygen remain at safe levels throughout the procedure. These monitors include a blood pressure cuff on your arm and heart-monitor leads attached to your chest.

Once you're unconscious, the surgeon makes a small incision in the center of your neck or a series of incisions some distance from the thyroid, depending on the surgical technique he or she uses. All or part of the thyroid gland is then removed, depending on the reason for the surgery. If you're having thyroidectomy as a result of thyroid cancer, the surgeon may also examine and remove lymph nodes around your thyroid. Thyroidectomy usually takes several hours.

After thyroidectomy

Diet: Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting, then you may take solid foods without restrictions.

Generally patients experience a mild sore throat for 2-3 days following surgery. This usually does not interfere with swallowing.

Pain Control: Patients report moderate neck pain for several days following thyroidectomy. You will be prescribed pain medication prior to surgery. Please use as directed. You should avoid non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®) because these drugs are mild blood thinners and will increase your chances of having a post-operative bleed into the neck tissues or incision site. Please contact our office (406) 204-2409 if your pain is not controlled with your prescription pain medication.

Activity: Sleep with the head elevated for the first 48 hours. You may use two pillows to do this or sleep in a reclining chair. Gentle rotation, flexion and extension of the head and neck are permitted. No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 2 weeks or limited to light duty until the 2-week mark.

Wound Care: Do not wash or manipulate the incision site for 48 hours following the surgery. You may shower and allow the incision site to get wet 48 hours following the surgery. Allow soap and

water to run over the incision site. Do not scrub or manipulate the incision site for 7 days. Pat the area dry; don't rub it with a towel. After 7 days you may gently lather the wound with soap and water. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery.

Follow-up Appointment: Your follow-up appointment in the office will be 7-10 days following your surgery. If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the post-operative visit the pathology report is reviewed and your sutures or staples are removed, if used.

Please call our office immediately if you experience:

*Difficulty breathing or swallowing

*Neck swelling

*Bleeding from the incision site

*Fever greater than 101.5 degrees F

*Purulent discharge (pus) or foul smell coming from the incision site

*Increasing redness around the wound

* Any numbness or tingling around your mouth, in your fingers or toes, or anywhere. This may be a sign of low blood calcium levels. If you have muscle cramping and/or curling of your fingers or toes, this could be even more seriously low blood calcium levels. THIS CAN BE A LIFE-THREATENING PROBLEM. **You must go have your blood calcium levels drawn immediately.** You should not drive if you are having these symptoms. You need to have someone drive you to the nearest ER. Have the ER staff call your surgeon after drawing your blood calcium and giving you extra calcium if needed. Bring these postoperative instructions with you to show to them so they know how to contact your surgeon.

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RISKS AND COMPLICATIONS OF SURGERY: THYROIDECTOMY

The following are possible complications and risks associated with this procedure. As with any operative procedure, there is a possibility of unforeseen complications and general anesthesia risks in addition to those listed.

- Bleeding: Substantial bleeding requiring transfusion is extremely rare. A hematoma, a collection of blood under the skin incision, is unusual. Removal of the clot may require additional surgery and prolonged hospitalization.
- Infection: Though infection is not common, it is a risk with any surgical procedure. Should infection occur, it may require prolonged treatment in or out of the hospital. Fortunately, this is a rare complication. A wound infection occurs in a few cases and is treated with antibiotics and drainage and is usually not a serious problem.
- Hoarseness/Swallowing Difficulty: The nerves controlling the vocal cords are adjacent to the thyroid glands. They may be involved by any tumors of the thyroid. Infrequently, the nerves may be injured during surgery, causing temporary or permanent vocal cord weakness and hoarseness. This may also cause problems with swallowing and aspiration. Extremely rare, the nerves to both vocal cords could be injured, and it would be necessary to place a tracheotomy (breathing hole in the neck).
- Hypocalcemia: Small glands, called parathyroids, are adjacent or affixed to the thyroid glands. Sometimes they can be located inside the thyroid gland. The parathyroid glands are responsible for balancing the calcium levels in the body. After surgery, infrequently, there may be some temporary imbalance of calcium. This may or may not require supplementation. If this occurs, it usually resolves in a few days to weeks. Rarely, there may be prolonged or permanent hypocalcemia (low calcium levels) requiring long-term supplementation with calcium and vitamin D.
- Numbness: A lack of sensation around the area of incision is very common and can last for several months. In rare instances, the numbness can be permanent.
- Scar: You will have a transverse scar across the lower part of the front of your neck. Initially this will be swollen and red. As it heals, the swelling and redness will lessen. It is a good idea not to expose the scar to direct sunlight for the first 6 months after surgery to prevent the scar from hyper pigmenting (getting darker).
- Recurrence: Although every attempt is made to remove all of the suspicious thyroid tissue, there is a small possibility of recurrence due to residual or recurrent disease. This may require additional surgery.

- Anesthesia: There are risks associated with any type of anesthesia including but not limited to: respiratory problems drug reaction, brain damage, or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to: minor discomfort due to injury of the vocal cords, teeth, or eyes. You can discuss these risks with your anesthesiologist before your surgery.

I have read, understood, and accepted the risks and complications of this operation. I have made known to my physician and medical term appearing in this form with which I am unfamiliar and all such medical terms have been explained to my satisfaction. Alternative types of treatment have been discussed with me and I am willing to proceed with surgery.

If you have read this completely and agree to proceed with surgery, please place your signature below.

Patient or Legal Guardian _____

Date _____

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