

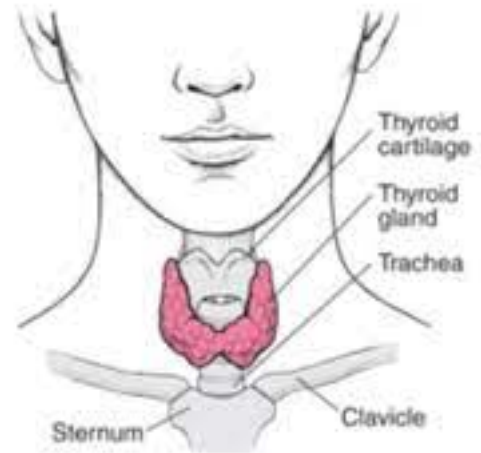
Thyroid surgery

What is the thyroid gland?

The thyroid gland is a butterfly-shaped endocrine gland that is normally located in the front of your neck. The thyroid gland produces thyroid hormone that regulates your body's metabolism.

Why has your surgeon recommended surgery?

Thyroid surgery is generally indicated if it contains a suspicious nodule or lump. Occasionally thyroid glands are removed for thyroid cancer, or if the gland becomes large enough to cause compressive symptoms due to narrowing of the windpipe. An overactive thyroid nodule or gland that is unresponsive to medical treatment may also warrant surgery.



What investigations are used to determine if surgery is necessary?

Before considering an operation, your surgeon will make sure you have had some of the following tests:

- - Ultrasound
- - Ultrasound guided needle biopsy of the thyroid
- - Blood test (eg. thyroid function test)
- - Other possible investigations eg CT scan of the neck.

How much of the thyroid gland needs to be removed?

The extent of surgery will be guided by the clinical information, risks, investigation results and the indication of the surgery. This can include:

- - Removing one half of the gland (hemithyroidectomy / lobectomy / completion thyroidectomy if you have had previous thyroid surgery)
- - Removing the whole gland (Total thyroidectomy)
- - Removing the bridge of the gland between the two lobes (isthmusectomy)

Sometimes neck lymph node surgery (neck dissection) may be done at the same time when managing advanced thyroid cancer.

How is the surgery done?

Under general anaesthetic, a low neck incision will be made and the thyroid gland will be exposed. The length of the incision and subsequent scar will be determined by the extent of the thyroid surgery and the size of the gland/nodule. The operation can take 45 minutes to 2 hours depending on the type of surgery done.

Once the relevant thyroid tissue has been removed, the wound will be repaired and a temporary drain tube inserted. Your length of stay will be determined by the drain output and sometimes by your blood test (calcium levels need to be monitored if a total thyroidectomy has been done). Most patients will go home after 1-2 nights in hospital.

If a **total thyroidectomy** is performed, you will have a regular blood test after surgery to monitor your calcium levels. This is to ensure that the tiny glands behind the thyroid (parathyroids) are still working after surgery. These can occasionally be removed or bruised during the surgery. The parathyroid gland regulates your blood calcium levels. If these levels fall too low after surgery, medication may be required.

Post-operative recovery

You will experience some pain around the front of the neck and some mild pain on swallowing for a few days. There might also be some minor hoarseness for a little while.

You will be discharged once the drain tube is removed and advised to limit strenuous activity for at least 2 weeks depending on the extent of surgery. You will be encouraged to do gentle exercise and you should be able to eat and drink normally.

Depending on your work, most patients can return to their job after 1-2 weeks.

You may be asked to take thyroid hormone replacement and or calcium related medications. These medications are occasionally needed long-term, particularly in the setting of a total thyroidectomy.

Potential complications of surgery

Neck scar or wound infection - scars are an inevitable part of surgery. Occasionally thick unsightly scars can develop at the surgical site. These can be managed with silicon gel patches and wound massage.

Haematoma (blood clot) - Most haematomas are small and require no treatment. Larger clots in the surgical wound may need urgent drainage if they are causing compressive symptoms

Voice change - The small nerve that controls your voice box runs very close to the thyroid gland and may be temporarily or permanently damaged during the surgery. The risk to each nerve is about 1-2%. In cases where the entire thyroid is removed, both nerves can be very rarely affected. This may interfere with breathing and require further airway management.

Low blood calcium (hypocalcaemia): Parathyroid glands can be permanently (1-2%) or temporarily damaged during surgery and may cause low blood calcium levels. This may require you to take calcium related medications (Calcium and/or Vitamin D).

Further thyroid surgery: In situations where only half the gland is removed for a suspicious nodule, there may be a need to come back at a later time and remove the other half. This is called a completion thyroidectomy. This is done where nodules are unable to be accurately assessed before surgery, and display cancer once removed and thoroughly analysed. If this is a possibility, your surgeon will discuss this with you prior to any surgery.

Surgical costs

It is important to have a clear idea about costs involved with your surgery in advance. The cost will include those related to your surgery, your anaesthesia and your hospital stay (even in cases for day surgery). Your surgeon's secretary is well placed to explain about your surgical costs and how the process works with your insurance. You will be advised about who your anaesthetists will be and they will be able to discuss the anaesthetics cost with you directly.

We understand that surgery for you or your loved one can be a stressful experience and our staff at Ear, Nose, Throat Victoria are here to help guide you through the process.

Whilst every care has been taken to make this information sheet as accurate as possible, individual experiences and outcomes may differ. It is important to discuss any concerns with your surgeon prior to considering surgery.

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Thyroidectomy

In Hospital

When you wake up after your operation, you will have a drip in your arm and a small drain tube coming out from the side of your neck. You should be able to eat & drink within 4 hours of your operation and get out of bed either later that day or the next day.

If the whole of your thyroid gland is removed you may require a number of blood tests to monitor the calcium in your blood.

Normally you will stay in hospital 1 or 2 nights. Your drain will be removed in the hospital before you go home. If the whole of the thyroid has been removed your surgeon will have prescribed you some thyroid hormone tablets to take at home.

At Home

Your wound will have a water-proof dressing on it but it is advisable to try and keep your wound dry for 3-4 days after the operation. It is OK to peel the waterproof cover off the neck after 5-7 days if it starts to peel. There may be a small amount of blood discharge from the site of the drain. This is normal. The skin around your wound may feel numb. This numbness will gradually resolve over a number of weeks or months.

You should avoid heavy lifting or exercise for 2 weeks.

Your neck muscles may be stiff and movement of the neck may be difficult for several weeks after surgery but this will gradually improve. Gentle neck mobilisation is encouraged.

Medications

You will have been prescribed some pain relief tablets and occasionally some antibiotics. Please **avoid using aspirin** or other blood thinning tablets unless approved by your surgeon.

When to contact your surgeon

- If you develop obvious swelling of the neck around the wound (a small amount of swelling is quite common)
- If you have any difficulty breathing
- If you develop cramps or spasms in your hands or feet
- If you develop a high fever, increased pain or pus leaks from your wound.

It is best to contact the office on (03)9895 0400 during business hours or your surgeon after hours via the hospital where you had the surgery.

Follow up appointments

Normally you will have a post-operative appointment approximately 1 to 2 weeks after surgery. This appointment is generally made by our staff BEFORE your operation and should be included with your pre-operative paperwork. If you are uncertain as to the time of your appointment, please contact your surgeon's secretary via email.

