



THYROIDECTOMY

The thyroid gland is found in the neck, just above the clavicles. In health it is small, flat, and soft and divided into two lobes with a narrow band of tissue connecting the two sides. The thyroid gland secretes a hormone that regulates metabolism, or how fast your body's engine runs. Several diseases of the thyroid can occur that may require surgery. If the entire thyroid gland is removed, a medication to replace the thyroid hormone will need to be taken on a daily basis.

REASONS FOR SURGERY- How is the decision made?

Removal of the thyroid gland is a decision to be made between the surgeon and the patient or family. Only one half or the entire gland may be removed. Generally, removal is recommended when one or more of the following symptoms or findings are noted:

- A biopsy has found cancer, or cells suspicious for cancer
- A nodule greater than 4 centimeters, or rapid growth of a nodule
- Hoarse voice in the setting of a thyroid nodule
- Suspicious nodules in a patient age over 40 years or under 20, and male gender, or history of radiation exposure
- The gland has become so enlarged that it causes problems with breathing or swallowing
- Recurrent infection of the thyroid gland
- Other problems as discussed with your doctor

SURGICAL TREATMENT- What are the Risks, Alternatives, Potential Complications, and Benefits?

- **Risks-** The risks from thyroidectomy include injury to the nerve of voicing resulting in hoarse voice, injury to the parathyroid glands resulting in low calcium levels, temporary or permanent numbness of the upper neck, an unfavorable scar, and bleeding or infection at the surgical site. There is also a small risk of complications from anesthesia. If surgery is performed for cancerous lesions additional treatment with radiation or chemotherapy may be needed.
- **Alternatives-** Non-cancerous tumors of the thyroid gland may be observed, and some cancerous lesions may be treated with radiation or treatment other than surgery. Sometimes a decision to not have treatment can have serious consequences that you should discuss with your doctor.
- **Complications-** The most severe complication from removal of all of the parathyroid glands can result in a potentially life threatening drop in calcium levels in the blood. This can require lifelong need for calcium supplements. Also, if both nerves to the vocal cords become injured, severe difficulty breathing may occur and require the placement of a tracheostomy (breathing tube) in the neck. Severe bleeding resulting in compression of the breathing tube, the need for a blood transfusion, or death is very uncommon. **Notify your doctor immediately if rapid swelling or bleeding at the surgery site is noted after surgery.**
- **Benefits-** Most thyroid surgery is without complications and with a good cosmetic outcome. Success in relieving most conditions is excellent.

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RECOVERY- What should I expect?

Recovery generally lasts 1-2 weeks. Expect to spend at least the first night in the hospital and for a drain to remove fluid from under the incision to be placed. Most people can go home the next day after surgery when the drain output decreases. Once you have gone home, common events in the recovery period and expectations of what is normal are listed below. Call your doctor if you have any questions or concerns that are not answered here.

- **Pain-** Pain is an expected part of recovery after surgery. Pain may be noted at the incision, or with swallowing or speaking. This is treated with oral pain medications. Over the counter medications such as Tylenol®, Aspirin®, Advil®, Motrin®, Aleve®, and ibuprofen are generally adequate for relief of pain. **Take only the medication prescribed by your doctor.** If pain worsens or is not relieved by the pain medication taken as prescribed, call your doctor.
- **Swelling or bleeding at the incision site-** This is not normal. If you notice this, please call your doctor immediately.
- **Numbness or tingling of the face, fingers, or toes-** This is not normal and may be a symptom of low calcium levels. If you experience these symptoms notify your doctor. Other signs of low calcium include a racing heartbeat, anxiety, diarrhea, or malaise.
- **Nausea and vomiting-** These are usually due to the effects of anesthesia and should subside in the first day or two. If they continue, are related to taking the pain medication, or contain blood, notify your doctor.
- **Fever-** A low grade temperature of less than 102° F for a few days after surgery is normal. Notify your doctor for fever above this, or one that persists for greater than 3 days.
- **Eating and drinking-** You may resume your regular diet after surgery.
- **Activity-** It is recommended that heavy lifting, exertion, and other strenuous activity be avoided for one to two weeks after surgery. Do not drive or operate machinery while on pain medication.
- **MEDICATIONS-** Ask your doctor about resuming your home medications. Do not take herbal medications without asking your doctor as these often have blood thinning properties which can increase the risk of bleeding

CONTINUING CARE- What additional care do I need?

After you are discharged from the hospital, your doctor will see you for follow-up evaluation in approximately two weeks after surgery unless another time has been arranged. Call the office if an appointment has not been previously scheduled. You will likely be seen for several visits to ensure that healing is progressing well and that no complications have been encountered. Testing to determine the proper dose of thyroid hormone replacement will also be needed if the whole gland has been removed. Depending on the reason that surgery was performed, continuing follow-up or other treatment may be needed.

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