

PATIENT INFORMATION

Thyroidectomy

What is a Thyroidectomy?

It is an operation to remove all or part of the thyroid gland. This operation may be performed at the Royal Devon and Exeter Hospital.

What happens next?

A date for surgery will be decided

A consent form will be signed by you and the surgeon

An appointment will be made for you at the pre-assessment clinic

At this visit an assessment of overall health will be made in preparation for the operation.

This can include

- Blood tests & X-rays
- A tracing of the heart (ECG)
- Identification of any allergies

Discussion of support that you may need at home following surgery

How long will I be in hospital?

You will normally be in hospital for 24-48 hours but this can vary depending on individual circumstances

What are the benefits of the operation?

Depending on your particular thyroid problem having a thyroidectomy may mean that your thyroid problem is resolved. Or the operation may be necessary in order to proceed with further treatments. Your surgeon will discuss this further with you.

What happens during the operation?

Once asleep the surgeon makes a thin cut in the lower part of the neck. This is 6 – 8 cms long.

The thyroid gland is removed and the cut is closed with a fine stitch that may not be visible on the outside of the skin.

Once the operation is complete you will spend some time in 'Recovery', where you will be closely checked to make certain no problems arise immediately following the surgery.

What about after the operation?

- You may have a small tube called a drain' left in the wound. This is to remove any blood or fluid that can collect under the wound. The drain is normally removed the day after the operation. It may be left longer if necessary
- A drip will also be running into a vein in your arm until you are able to drink comfortably.
- Please tell the nurses if you are uncomfortable or require pain relief after the operation.
- A 'follow up' outpatient appointment will be made with the surgeon about 6 weeks after surgery.

Hormone Replacement.

If needed, thyroid tablets (Thyroxine) will be started the day after surgery.

Are there any risks?

As with any surgery there are some risks with this operation. The surgeon will explain these fully and there will be opportunities to ask questions. The risks are:

A general anaesthetic_- some people tolerate anaesthesia better than others. The anaesthetist will discuss this fully with you. You should mention any other medical problems to your anaesthetist

Blood loss -the thyroid has an extensive blood supply so this can be a problem. You will be closely observed for any signs of bleeding and treated quickly should this arise.

Damage to the Parathyroid glands_- as the parathyroids are difficult to see they can become damaged during the surgery. The Parathyroid glands are located just behind the thyroid gland and are responsible for controlling calcium in the blood.

Laryngeal Nerve damage_-this nerve supplies the voice box and can be damaged during surgery although this is very rare. This can lead to a huskiness of the voice which is usually short lived. It can however, more rarely, be a permanent change.

Infection- An infection can sometimes occur but this can be treated with antibiotics.

At Home.

You should expect to feel tired for some time after the operation, but you should be able to return to light work, including driving, within about 2 weeks.

What about long term?

If the whole thyroid gland has been removed, then thyroid replacement hormone (thyroxine) must be taken lifelong. Regular blood tests are used to ensure the correct dose is being given. This can be done by your own General Practitioner.

You will need to have a blood test about 6 weeks after this operation to check you have adequate thyroid hormone in the blood.

An exemption certificate for all your medications can be obtained from your General Practitioner. This means you do not have to pay for any medicines.

Sometimes the calcium producing parathyroid glands are affected by the operation. If your calcium levels fall below normal you may experience tingling sensations in your hands, fingers, toes, in your lips or around your nose. Please report this immediately to the Doctor looking after you.

Blood tests will be taken to monitor the levels of calcium, if the level falls this can be treated by giving you calcium supplements, if the problem continues then you may need to take vitamin D also.

If you have any other questions or concerns, please contact

Head & Neck Specialist Nurses

Page #6 679 via switchboard

Or

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.