



***PATIENT
INFORMATION***

**Dr P Thaware and Dr G Spyer
Consultant Endocrinologists
Tel. (01803) 654661**

**Sue Cox,
Endocrine Specialist Nurse
(01803) 656019**

**Taking Thyroxine
after treatment of
differentiated
thyroid cancer**

You have had your thyroid gland removed and have been prescribed replacement Thyroxine. Thyroxine is now officially called Levothyroxine but most people still call it Thyroxine. Most people feel perfectly well on Thyroxine treatment once the right dose is found. By taking Thyroxine you are simply replacing a hormone that is usually produced within the body. It is very rare for Thyroxine to cause side-effects as long as the dose is right.

Treatment with Thyroxine

To ensure you do not become unwell as a result of having your thyroid removed, you will be given Thyroxine tablets to take for the rest of your life. You may get symptoms such as tiredness or constipation if you are taking too little Thyroxine.

How will the thyroid dose be monitored?

You will have regular blood tests to measure the level of Thyroid Stimulating Hormone (TSH). This is a hormone produced by the pituitary gland which stimulates the thyroid to produce Thyroxine. We know that the risk of the thyroid cancer coming back after surgery and other treatments is lower if the TSH is below the normal range. We deliberately aim to *slightly* overtreat you.

What are the risks of having a suppressed TSH?

There may be a small increase in the risk of thinning of the bones (osteoporosis) and an abnormal heart rhythm called atrial fibrillation, but we think this is justified to stop the cancer coming back. The TSH level we aim for depends on your individual circumstances and your specialist will advise you. If you do not feel well on your Thyroxine dose, let us know. After any change in dose you should have repeat TSH done 4 to 6 weeks later to check that the change has been successful.

Your dose of Thyroxine should not be changed without the specialist advice of your hospital consultant.

Are there any other risks?

Be careful when taking other medications. Iron medications, calcium and some antibiotics can interfere with the absorption of

Thyroxine. If possible do not take Thyroxine within 2 hours of these medications. If in doubt ask your GP for advice.

What to do if you are planning to get pregnant

Treatments for thyroid cancer will not affect your fertility. There should not be any problem in pregnancy for most women with previous Thyroid cancer. You should not need any extra scans or monitoring in pregnancy following treatments for thyroid cancer.

It is important to be sure that the Thyroid cancer is fully under control and you should avoid pregnancy within 6 months of Radioiodine treatment. It is also important, if possible, to be on the correct dose of Thyroxine before you try to become pregnant. This may improve the chance of pregnancy and is important for the development of the baby's brain in the first few weeks. The dose of Thyroxine usually increases in pregnancy.

The ideal plan is to:

1. See your GP or thyroid cancer specialist to check your TSH level before you get pregnant.
2. As soon as you know you are pregnant you should increase your usual dose of Thyroxine by 25 micrograms per day. Do not wait until you've been seen by your GP or for a blood test result.
3. Arrange to see your GP or Thyroid Specialist and have a blood test as soon as you can. This will tell us whether any further increase of your Thyroxine is needed. The aim is to keep TSH low for the rest of the pregnancy. The exact level will depend on your personal situation. Your thyroid cancer specialist will advise you.
4. Have a repeat test 4 weeks after any change in Thyroxine.
5. Stay on the bigger dose of Thyroxine until 6-8 weeks after the end of the pregnancy, then have a repeat TSH done. Your thyroid cancer specialist will advise you if the dose of Thyroxine needs to be reduced.