



THYROIDECTOMY POST OPERATIVE INSTRUCTIONS

Please read and familiarize yourself with these instructions both **before** and **after** your thyroid surgery. Following these instructions carefully will assist you in obtaining the best result from your surgery.

Day surgery patients will need someone to drive you home and stay with you for the first 24 hours after surgery.

You CANNOT have anything to eat or drink after midnight prior to surgery.

The morning of surgery you make take your usual daily medications with a sip of water, unless directed otherwise.

For the first 48 hours after surgery sit up or walk during the day, and at night sleep with the head of your bed elevated with 2 or 3 pillows. Use ice compresses regularly (20 minutes on, 20 minutes off while awake).

For pain and/or discomfort use Acetaminophen 1000mg every 4 hours as needed (to a maximum of 4 grams in 24 hours). Stronger pain medication will be prescribed to you by Dr. Jaggi, only to be used if the Acetaminophen is not enough.

Avoid lifting (greater than 10 lbs), bending, exercise, swimming and flying for 2 weeks following your procedure.

If the decision has been made to surgically treat your thyroid condition Dr. Jaggi will explain that it may be necessary to remove all or only part of the gland.

Total Thyroidectomy

Total thyroidectomy is usually indicated when a nodule is definitely known to be cancerous from an FNA or when the entire gland is enlarged and causing compression. Following a total thyroidectomy you will need to take thyroxine tablets every day to replace the hormone that the thyroid produces for the rest of your life.

Hemi-thyroidectomy

When a nodule is only suspicious of cancer on FNA your doctor may recommend having a hemithyroidectomy (ie. removal of the half of the gland that contains the nodule.) Sometimes enlargement of the gland causing compression can be due to enlargement of half the gland, this can also be corrected with a hemithyroidectomy.

Benign conditions affecting one lobe of the gland such as a colloid nodule are also treated by hemithyroidectomy. Thyroxine is usually not necessary following removal of half the gland.

Subtotal-thyroidectomy

In cases where hyperthyroidism is being treated by surgery, sometimes about three

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quarters of the gland will be removed and a portion will be left behind to continue to function. Total thyroidectomy is also used in this condition.

Technique

Thyroid surgery is performed under general anaesthesia through a horizontal incision low down in the front of the neck. The incision can vary in length depending on the size of the thyroid gland.

There are several important structures near the thyroid gland that are at risk of injury during this type of surgery. Your surgeon will explain the risks of the operation to you. It is important to note that these complications are rare, they include:

Nerve injury

There are two nerves that are close to the thyroid gland on each side, that allow the larynx (voice-box) to function. If these nerves, called the recurrent laryngeal nerve and the external laryngeal nerve, are injured during thyroid surgery the character of your voice may change. This is very uncommon and any change is usually temporary. Risk of temporary nerve injury is 5%, whereas the risk of permanent nerve injury is 1%.

Low Calcium Levels

During a total thyroidectomy there is a risk of injuring the para-thyroid glands. These four small glands are attached to the back of the thyroid gland and help to control the body's calcium level. If these are injured the calcium levels in your blood can fall. Calcium is important for nerve and muscle function and you may need to take calcium tablets if this happens. Again this is usually a temporary problem and the glands usually start to function again after a period. Risk of temporary hypocalcemia is 5%, whereas the risk of permanent hypocalcemia is 1%.

Bleeding

As with any surgery bleeding can sometimes occur after the operation. If this happens your neck may swell and you may have to be taken back to the operating room to have the blood drained away.

Pain

Thyroidectomy is not usually a painful operation; there may be some minor discomfort with swallowing and neck movement following surgery for a short time. Simple pain relieving medications are very effective.

Hemi-thyroidectomy is generally performed as a day-surgery.

For total thyroidectomy you will generally need 1 to 3 days in hospital following this operation and you will need your blood calcium levels checked during your stay. You

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may have a drain placed into the wound at the time of surgery, this is usually removed in clinic the week following surgery.