



THYROID LOBECTOMY/TOTAL THYROIDECTOMY

Why do I need a Thyroid Surgery?

Thyroidectomy is surgery to remove one or both lobes (halves) of your thyroid gland. The thyroid gland controls the metabolism of the body, absorbing iodine from our food to secrete thyroid hormone. Nodules, masses, growths, goiters or over-functioning thyroid glands sometimes require thyroid surgery for diagnosis and treatment. Your surgeon has discussed with you the specific reasons for, and alternatives to, your recommended thyroid surgery. It is important that you understand this information so ask your surgeon about anything that is unclear. Operations for thyroid conditions have a high success rate. However, you may choose not to have this treatment so long as you are aware of the risks of your condition.

How do I get ready for Thyroid Surgery?

Before the procedure, please complete any bloodwork, imaging studies or other tests. **Please avoid all medications that may thin your blood, including vitamin E, Fish oil and all non-steroidal medications (NSAIDs) such as Motrin, Advil, Aleve, or ibuprofen for 7 days before surgery, and hold aspirin and any aspirin-containing medications for 10 days before surgery. If you don't stop these medications, your surgery will be cancelled. It is OK to take Tylenol.**

Please discuss the management of Coumadin, Plavix, Pradaxa, Eliquis and Xarelto (or any other blood thinners) with your surgeon pre-operatively. The pre-op anesthesia team or your PCP will advise you about insulin use before surgery.

Patients who have thyroidectomy will stay in the hospital overnight (total thyroidectomy), but some patients (thyroid lobectomy) are discharged the same afternoon. When you arrive at the hospital the morning of surgery, you should be prepared to stay overnight even if same-day discharge is anticipated. You need to plan for a ride home and for recuperation after the operation. If possible, you should try to find someone to help you at home the next day. Recovery is generally rapid.

What happens to me during the operation?

The anesthesia doctor will meet and talk with you the morning of surgery. **Your surgery may take place earlier or later than the scheduled time.** You may bring a book or electronic device to use in the pre-op area. In the operating room, you will receive a relaxing medication through an intravenous line and then you will go to sleep under general anesthesia. During surgery, you will receive an appropriate antibiotic medication if it is necessary.

After giving numbing medicine, the surgeon will make a horizontal cut at the front of the neck and then spread the muscles to remove thyroid tissue underneath. A thyroid lobectomy means removing half of the butterfly-shaped thyroid gland. Removal of both lobes is a total thyroidectomy. If your surgeon suspects a cancer, she may need to remove nearby tissue or lymph nodes as well. Rarely, your surgeon may need to place a drain to help remove fluid from under the skin of the neck. Unless otherwise informed by your surgeon, your stitches will not need removal after the surgery.

What happens after the operation?

When you wake up, you may have a sore throat or mild hoarseness, typically from the breathing tube. You may have nausea. If the surgeon places a small tube to help drain fluid from under the skin, the drain will usually be removed before you go home.

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You may be discharged from the hospital the afternoon of surgery or the following morning. Same-day discharges will still be monitored for a period of time. Do not expect to leave immediately after surgery. If you are sent home on new medications, take them exactly as directed. If an appointment has not already been scheduled, you should call for one to see your surgeon in the office in 1-2 weeks. **Most patients find that regular or Extra Strength Tylenol takes care of pain from the incision very nicely.**

Many patients allow for 3-14 days off work after the surgery, but you may return to work earlier – as soon as you feel ready. If your employer has a form to be completed, please mail to the FVSA office, FAX to (920) 358-1064 or bring to your first post-operative visit.

You should shower 24 hours after the operation, using mild soap to wash the incision very lightly. Do not scrub the Steri-Strips or medical glue off your wound. **See the wound care instruction sheet given to you at hospital discharge.** You may eat regular food. You may take stairs. There are no restrictions on lifting or activity after the surgery. It is safe for you to drive as soon as you have normal range of motion in your neck. Do not drive if taking narcotic pain medication.

What are the risks of Thyroid Surgery?

The nerves of the voice box (laryngeal nerves) may be injured so your voice may be temporarily or permanently soft, hoarse or weak, low or gravelly, and there may be trouble swallowing or breathing. The chance of permanent vocal cord paralysis is very low. Thyroid surgery can affect your blood calcium levels. If the calcium level drops, you may need vitamin D and calcium medications. The chance of needing calcium and/or vitamin D medication permanently is low. Bleeding or infection may require treatment, but these are uncommon. Abnormal thyroid tissue may persist or grow back. You may require thyroid hormone medication permanently after the surgery. Your anesthesia doctor will tell you about risks associated with the general anesthetic. If you have any questions or concerns about these risks, please discuss further with your surgeon prior to the day of surgery.

When should I call?

Call the office during business hours (weekdays from 8:30am - 5:00pm) if you have a question about the operation. The pathology report will be back within 7 days. You may receive a phone call regarding your results, and they will be also discussed with you at your post-op visit.

Our phones are answered 24 hours a day, every day by our office or an on-call surgeon. Please limit after-hour and weekend calls to emergencies. Stiff neck, constipation, headache, muscle aches, hoarseness, insomnia, mild tingling and medication questions are almost always not an emergency. Your surgeon's phone number is on the front of this sheet. During the first days after surgery, you may notice numbness in your lips or fingertips. After total thyroidectomy, mild tingling can occur. Be sure to take your calcium pills exactly as directed. Please call about mild tingling during business hours so your calcium medication can be adjusted, as needed. Call the office right away about any symptoms that worsen. **Call the emergency line at any time if you develop worsening or severe tingling, hand cramping or severe weakness.**

Most incisions develop mild swelling under the stitches. This can look like a hotdog lying sideways or a chicken nugget. Mild swelling is normal and expected and will slowly go away. Mild bruising is normal. **Call if you have persistent vomiting or develop a fever above 101 degrees (take your temperature with a thermometer first).**

For severe swelling, severe choking, significant trouble breathing or any life-threatening medical emergency, call 911 and go to the nearest emergency room.