

# Thyroidectomy

## Patient Postoperative Instructions and Information

### Thyroid Gland:

Your thyroid gland is in the front lower part of your neck. It makes hormones that help make your body work right. Your thyroid gland has 2 sections. Each section has parathyroid glands.

### Thyroidectomy:

Thyroid nodules (round hard lump of cells) are common. If a nodule has cancer in it, then the half of the thyroid gland with the nodule must be taken out. The surgery is needed to find out if it is cancer. If you have cancer, your thyroid gland, as well as tissue and lymph nodes around the gland may be taken out. Some people have a big thyroid that causes problems swallowing or breathing. This is called a goiter and is not cancer. If you have a goiter you may need surgery to take it out.

Your surgeon makes an incision (cut) in the lower area of your neck. The exact size of the cut varies, so you may ask your surgeon to show you. The surgeon then carefully cuts out the thyroid lobe(s.) Your surgeon will find your vocal cord nerve and work around it. There are tiny glands called parathyroid glands that are carefully cut away from the gland and left in the neck. If your whole thyroid needs to be taken out, the same process is carried out on the other side.

Your vocal cord is usually not harmed by the surgery. Your voice may be hoarse or weak after surgery. Only 10-30% will be hoarse after surgery. Less than 5% will always be hoarse after the surgery. We will check your vocal cords at your post-operative visit so try not to worry about it until then.

Your parathyroid glands may not work as well as they should after surgery. This can cause your calcium blood levels to drop too low. This can be life-threatening. This may be a problem for a short time, or it may be long lasting. Up to 30% of patients will have problems with their parathyroid glands. It is rare to have long lasting problems with your parathyroid.

You will stay in the hospital at least 1 night. Your blood calcium levels will be checked every 6 hours. If they are stable, you can go home the next day. If they are too low, we will have to give you calcium and vitamin D until your levels become stable. This may take 2-3 days, rarely more.

If you have had your whole thyroid taken out, you will have to take a thyroid hormone pill every day for the rest of your life. The exact dose of the med may need to be adjusted over time. We will ask your primary care doctor or endocrinologist (a doctor that treats diseases that affect your glands) to check blood tests for thyroid hormone. Your dose of the thyroid hormone med will be adjusted as needed. Sometimes, your endocrinologist does not want you to start taking this hormone until the tests come back showing you do not have cancer. Your surgeon will let you know.

You should be called by your surgeon as soon as the lab doctor looks at your thyroid for cancer. This can take 5-7 business days or more. **Please call if you have not heard the results and it has been 7 business days since surgery.**

## **Post Operative Instructions**

### **Incision:**

Please remove the wrap dressing from around your neck the day after you get home. Please leave the small steri strips on the incision. You can shower and let water run over the incision 2 days after surgery. Do not rub the area. The steri strips will fall off themselves. You will have absorbable sutures.

Please avoid any activity that pulls across the incision, such as shaving, for at least 2 weeks. The rest of the face may be shaved.

### **Drain:**

Some patients go home with a thin drain tube and an egg shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours. A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then write down the amount in the cup. Pour the fluid in the sink or toilet. When the amount of fluid emptied from the drain is 30 ml (or 2 tablespoons) or less in a 24-hour period, the drain is ready to be taken out. If the drain is in place for 1 week it needs to be taken out no matter how much fluid drained. Call the ENT clinic to have the drain taken out.

The fluid from the JP drain should be red, pink, or straw colored (yellow.) If it is milky or looks like pus, you need to be seen by your surgeon right away.

### **Head of Bed:**

Please raise the head of your bed 30-45 degrees or sleep in a recliner for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours.

### **Activity:**

No straining, heavy lifting, or vigorous exercise for 2 weeks after surgery.

### **Diet:**

You may eat your regular diet after surgery.

### **Pain:**

Your pain can be mild to moderate the first 24 – 48 hours. The pain usually lessens after that. Many patients complain more about a sore throat from the breathing tube used during surgery than about pain from the surgery itself. Your pain will get better in 1-2 days and is best treated with throat lozenges.

You may not need strong narcotic pain medication. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower of narcotic

pain med, and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

**Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication** (such as oxycodone, hydrocodone, morphine, etc.) This medication affects your reflexes and responses, just like alcohol.

### **When to Call Your Surgeon: If you have...**

1. Any concerns. We would much rather that you call your surgeon than worry at home, or get into trouble.
2. Any numbness or tingling around your mouth, in your fingers or toes, or anywhere. This may be a sign of low blood calcium levels. If you have muscle cramping and or curling of your fingers or toes, this could be even more seriously low blood calcium levels. **THIS CAN BE A LIFE-THREATENING PROBLEM. You must go have your blood calcium levels drawn immediately.** You should not drive if you are having these symptoms. You need to have someone drive you to the nearest Emergency Room (ER), if possible. If you live too far away, go to a nearby ER. Have the ER staff call your surgeon after drawing your blood calcium and giving you extra calcium if needed. Bring these postoperative instructions with you to show to them. If your blood calcium gets too low, you could have seizures or your heart could stop, so you must take this seriously!
3. Fever over 101.5 degrees F.
4. Foul smelling discharge from your incision.
5. Large amount of bleeding.
6. More than expected swelling of your neck.
7. Increase warmth or redness around the incision.
8. Problems urinating.
9. Pain that continues to increase instead of decrease.
10. Choking or coughing with food or liquid.

### **Postoperative appointment:**

You will have a postop appointment scheduled 7-10 days after surgery. During that visit, your surgeon will check your wound and vocal cords. If you don't have an appointment, please call 410 554 4455.