



THYROID SURGERY

Thyroidectomy is an operation in which one or both lobes of the thyroid gland are removed. The most common indications for thyroidectomy include a large mass in the thyroid gland, difficulties with breathing related to thyroid mass, difficulties with swallowing, suspected or proven cancer of the thyroid gland, and hyperthyroidism (overproduction of the thyroid hormone). The procedure is usually done under general anesthesia. The extent of surgery (removal of one or both lobes) may sometimes be determined in the course of surgery after microscopic examination of tissue removed during the surgery.

After surgery, it is very common to have difficulties and/or pain with swallowing. This pain usually resolves within 24 to 72 hours, though. Bleeding or infection is also a possible short-term complication. Although rare in thyroid surgery, some patients may develop a thick scar or keloid. Two complications specific to thyroid surgery are hypocalcemia and vocal cord weakness or paralysis. Hypocalcemia, or low blood levels of calcium, may occur after the complete removal of both thyroid lobes. This condition is caused by injury to four tiny glands called parathyroid glands, which are located within or very close to the thyroid gland. Hypocalcemia is usually temporary, but it sometimes may require calcium supplements for a time. Permanent hypocalcemia is fortunately rare. Depending on the final histologic (microscopic examination) diagnosis of the gland removed, continuous follow-up by your endocrinologist and/or surgeon may be indicated.

After Your Thyroid Surgery

Diet

Patients may resume a regular diet without restrictions. Many patients note a scratchy throat for the first day or two and may prefer soft foods initially.

Activity

Light to moderate activity as tolerated is permitted. Walking daily helps prevent blood clots. Patients may carefully turn the head from side to side and look up and down without undue worry about stitches. Heavy lifting, straining, and strenuous exercise should be avoided for at least one week following surgery.

Pain

Neck pain and stiffness are to be expected. Your physician may prescribe a narcotic pain reliever. You may use this as prescribed for severe pain. Do not drive while taking narcotic pain medications. Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil) may also be used for mild-to-moderate pain. Narcotics may cause constipation; stool softeners such as docusate sodium (Colace) can be helpful for this.

Wound Care

Please contact our office if any redness, increased swelling, or increased pain develops at the surgery site. Patients may shower or bathe normally 24 hours after surgery. Pat the wound dry with a towel. Apply Vaseline daily to wound edges.



- You may have been sent home with a drain. The nursing staff will show you how to care for this prior to discharge. Empty and record the amount of fluid in the drain. You will be seen several days after surgery for the removal of the drain in the office.

Medications

- Patient should resume all regular medications after surgery unless otherwise directed.
- Thyroid replacement medication: After a total thyroidectomy, a thyroid hormone replacement pill is necessary. Your physician will prescribe a starting dose for this medication. The dosage may need to be adjusted and is usually monitored by your primary care physician or endocrinologist.
- Calcium: After a total thyroidectomy, your physician may recommend taking calcium pills such as Tums for a few weeks. Call to speak with our nurse to report symptoms of tingling or numbness of the fingertips or around the mouth. These are signs of hypocalcemia (low calcium in the blood) and require treatment.
- You have been prescribed a narcotic pain medication. Do not drive or make critical/important decisions while taking narcotic pain medications.
- Narcotic medications may cause constipation. Ensure you have adequate (>25 grams/day) of fiber in your diet and drink at least 64oz of water daily. You may also wish to take an over-the-counter stool softener once or twice daily.
- If your pain is less severe, you may take Tylenol 500mg 1-2 tablets every 4-6 hours and/or Motrin 600mg every 6 hours.

Follow-up

Follow-up is typically within one week after surgery. If you do not have a follow-up appointment scheduled, please contact our office.

Please contact our office at 478-743-8953 if you have any questions or concerns.