

## Thyroidectomy

- The thyroid gland is shaped like a bow tie; i.e. a larger lobe on each side of your windpipe (trachea) joined by a narrower isthmus. The thyroid gland commonly develops nodules. Most of the nodules are benign. Many of these benign nodules can be identified by outpatient studies such as fine needle biopsies. However, some of the nodules may be suspicious for cancer and consequently need to be removed. The removal of the thyroid gland starts with a skin incision in the lower neck, above the patient's breastbone. The gland is separated from any parathyroid glands that are seen. One or both of the lobes of the thyroid are then removed
- The recurrent laryngeal nerve that controls much of the voice box (larynx) runs adjacent to the thyroid gland. This nerve may not work well after surgery. This will lead to a hoarse, breathy voice and sometimes trouble swallowing. Most mild hoarseness, after surgery is due to temporary swelling of the vocal cords from the breathing tube (endotracheal tube) placed by the anesthesiologist during the procedure.
- You will have an incision at the base of your neck. It will be closed with sutures (stitches). It is important to keep the incision area clean. If Steri-Strips (narrow pieces of tape) are used to cover your wound, leave them in place for 1 week. Please keep the incision dry for 2-3 days. You may use Q-tips dipped in peroxide to remove any dried blood over the incision. After the Steri-Strips come off, your physician may have you apply a thin film of an antibacterial ointment (Polysporin) over the incision site after washing. Please avoid any activity that pulls across the incision such as shaving across the incision for at least 2 weeks. The rest of the face may be shaved. Your incision may be red and raised. In most cases, it will flatten and fade in about 6 months.
- You may have a drain placed below your incision to help remove fluid that builds up after surgery and to monitor bleeding. The drain will likely be removed before you go home.
- You will likely be able to eat and drink normally the evening after your procedure. You may feel a little queasy from the anesthesia. After the anesthesia wears off and you are feeling up to it, you will be able to get up and walk. Moving around will help both your lungs and your circulation. Avoid heavy lifting (greater than 25 lbs.), straining or activities that may increase your blood pressure for one week after surgery.
- Most patients who have the entire thyroid removed spend one night in the hospital after surgery.
- You will be given oral pain medicine. No blood-thinning medications (Ibuprofen, Naproxen, Aspirin, etc.) 5 days before or 5 days after surgery. You should have little discomfort, but it is common to have a sore throat and a hoarse voice after surgery. This may last for a week or more.
- Some patients need daily blood tests after surgery to make sure their parathyroid glands are working normally. These glands control the amount of calcium in the blood. You will not be able to go home until your calcium level is stable. Symptoms of low calcium could include: numbness (especially around the mouth) or abnormal muscle cramping.
- Depending on your surgery, you may need to take thyroid hormone every day for the rest of your life. Your surgeon will write your first prescription. See your primary care provider or endocrinologist for follow-up blood tests to check your thyroid hormone levels, as your dose may need to be adjusted.