Post-operative care and advice

- Avoid smoky, dry, or dusty atmospheres.
- You should generally restrict vigorous activities or activities which involve turning the head suddenly, such as driving and heavy lifting, for 2-6 weeks after surgery.
- As the surgeon uses glue to close the wound, it is acceptable to get the wound wet and have a shower after surgery.

Follow-up

You will be reviewed by your surgeon 1-2 weeks after your surgery, usually in the outpatient department.

Useful Telephone Numbers

- ENT Department, Lister Hospital
  Telephone: 01438 314333, Ext. 5113 / 4118
- ENT Admission Office (waiting list)
  Telephone: 01438 286836 or 01438 286835
- ENT Nurse Specialist (Monday to Friday, 8.30am - 6pm)
  Telephone: 01438 314333, bleep 1028
  Mobile: 0778 534 3359 or 0787 639 0290

Useful ENT website: www.entuk.org

In an emergency:
Dial 999 and request an ambulance or attend the nearest A&E of the following hospitals unless away from home

- Lister Hospital A&E (SG1 4AB) ☎ 01438 784732
- New QEII Urgent Care Centre, Welwyn Garden City ☎ 01707 247549
- Luton and Dunstable
- Princess Alexandra Hospital, Harlow

www.enherts-tr.nhs.uk

You can request this information in a different format or another language.

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NHS
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NHS Trust

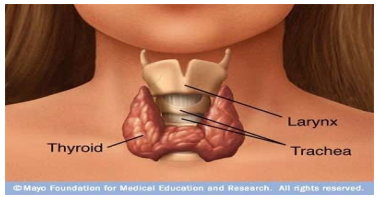
Patient Information

Total Thyroidectomy

(removal of all of thyroid gland)

Ear, Nose and Throat Department

The thyroid gland is located in the lower part of the neck. It lies just in front of the windpipe in the neck. The thyroid gland produces thyroid hormones called thyroxine and tri-iodothyronine. These hormones regulate the speed at which your body cells work.



If too much of the thyroid hormone is produced (hyperthyroidism), the body cells work faster than normal. If too little of the hormone is produced (hypothyroidism), the body cells work more slowly.

A **total thyroidectomy** is the removal of all lobes of the thyroid gland.

There are different reasons for performing a total thyroidectomy:

- Thyroid cancer - removal of one of the lobes allows this tissue to be analysed by the laboratory. If it is found to be benign (not cancerous), no further action is taken. If it is found to be malignant (cancerous), the other half of the thyroid is taken out as well.
- Compression - a nodule in the thyroid may enlarge to such an extent that surrounding structures are compressed in the neck. These structures may include the trachea (windpipe) or oesophagus (gullet).
- Cosmetic - an enlarged thyroid may cause a lump on the front of the neck that a patient may consider unsightly.

What are the intended benefits of the surgery?

By removing the area of suspected cancer, an accurate diagnosis can be made by sending the specimen to the laboratory after it is removed. In those whose major symptom is compression, thyroidectomy will relieve these symptoms. Where the thyroid gland is producing too much thyroid hormone, a total thyroidectomy will prevent any more hormones being produced and proper levels may be controlled with medication.

How is the surgery performed?

Surgery is performed under general anaesthetic (whilst you are asleep). A horizontal skin incision (cut) is made in one of the skin creases in the neck. The thyroid gland is reached by dissection and a lobe is removed. A surgical drain may be inserted to allow any blood to drain. Your voice box will be monitored during the operation to avoid/ reduce the risk of damage to voice.

What are the potential risks?

There are many potential risks involved and some of these risks are very serious, but it is important to note that these risks are very uncommon.

- **Bleeding** - As with any operation, there may be some bleeding from the site of the operation. The amount of bleeding is seldom serious enough to require a return to the operating theatre or a blood transfusion.
- **Scar** - The site of the scar is low on the neck, and normally shrinks to an extent where it is difficult to see within a few months. If you are from an Afro-Caribbean background, you are at more risk of a keloid scar which may be more unsightly.
- **Damage to recurrent laryngeal nerve** - This nerve supplies the vocal cords. If one is damaged during the operation, the result may be a hoarse voice or a weak voice. This may be temporary or permanent. The chance of the nerve being damaged is 1-2%. If the laryngeal nerve is injured, there may be difficulty in altering the pitch of your voice. This is seldom permanent.
- **Tracheostomy** - There is a risk of airway obstruction due to bleeding or injury to both nerves to the voice box and therefore a possible need to make a hole in the windpipe (tracheostomy).
- **Hypocalcaemia (low calcium level)** - There is a 2-5% chance of needing calcium tablet supplement. We will perform routine blood tests after your operation to make sure that the blood calcium level is normal. If the blood calcium level is low, then we will start you on calcium tablets.

What am I to expect after the operation?

One night stay in the hospital.

How long will I be off work/school?

Two weeks is the required time off work to help you recover well.

Will the scar be very obvious?

The scar is on the front of the neck, but this often settles to become a barely noticeable white line.

Can anything be done if I have an injury to my recurrent laryngeal nerve?

If the nerve does not recover on its own, there are some simple surgical procedures that may be effective in improving your voice.