

Up-to-date links to useful sites can be found on the BTA links page at: www.british-thyroid-association.org

The British Thyroid Foundation

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www.btf-thyroid.org

This leaflet is an abridged version of the BTF information booklet. Further copies of the booklet are obtainable from the BTF at the address above. All of this information has been discussed and verified with our Consultant Surgeons in ENT.

Contact details

If you have any questions about any of the information contained in this leaflet please contact:

Ear, Nose and Throat Department
Clinic 6, Lincoln County Hospital (01522) 573255

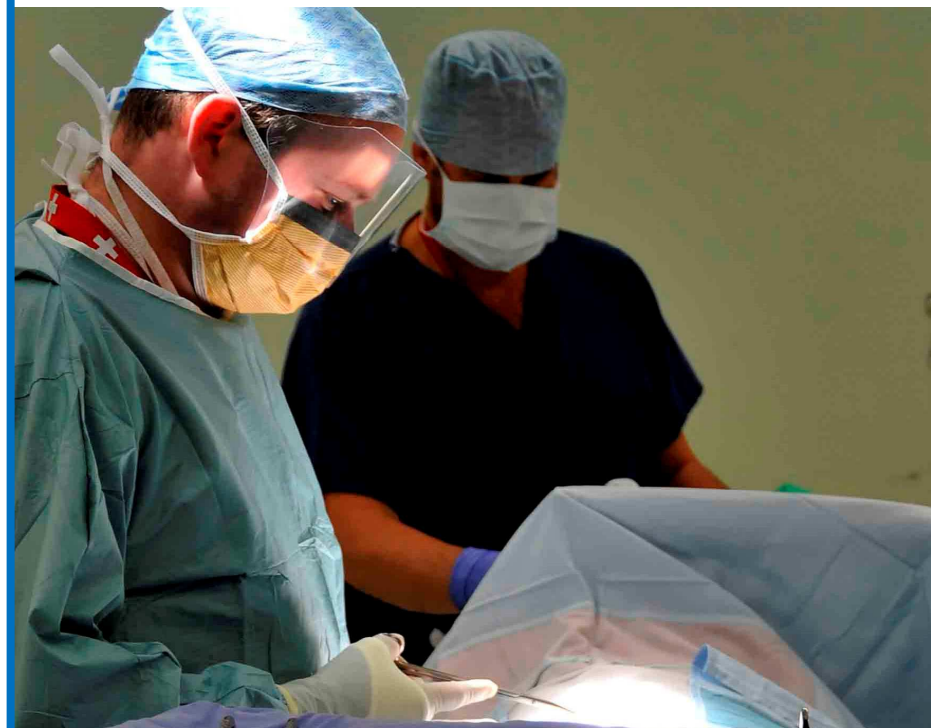
References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk



Thyroidectomy

Ear, Nose and Throat Department
Clinic 6, Lincoln County Hospital (01522) 573255
Clayton Ward (01522) 573130/573778
Surgical Admissions Unit (01522) 573089
www.ulh.nhs.uk

Aim of the leaflet

This leaflet is aimed at patients undergoing the removal of the thyroid gland. It aims to explain the procedure and what to expect afterwards.

What is the thyroid gland?

The thyroid gland is an endocrine gland; this means that it manufactures hormones that are released into the bloodstream.

What does the thyroid gland do?

The thyroid gland produces thyroid hormones which affects metabolic activity of all the cells and tissues of the body. If little or no thyroid hormone is produced it can easily be replaced by taking thyroid hormone replacement tablets.

What is a thyroidectomy?

A thyroidectomy is the removal of all or part of the thyroid gland. Your specialist will explain whether a part or all of your thyroid needs to be removed.

Why is thyroidectomy performed?

- Thyroidectomy is performed because you have an enlarged gland (goitre) or swelling or because your thyroid gland is overactive.
- Thyroidectomy is also done when there is a suspicion of thyroid cancer from a previous FNA (fine needle aspirate) test or biopsy.

Is it a safe operation and what are the potential consequences?

The total removal of the thyroid gland means that you will need to take replacement hormone tablets for the rest of your life, otherwise you will experience symptoms of an under active

When should I return to work?

You will probably need to take at least 2 weeks off work depending on your occupation and the nature of your work. If you should develop problems with the blood calcium level, which may prolong your hospital stay, the hospital and the GP will provide you with the appropriate sick note.

How long will it be before I feel really well again (back to normal)?

This is variable. It may be 2 weeks. Also if you need to start taking levothyroxine tablets it may take a little time to get the dose right and if your calcium has been low, this may take a little time to get adjusted. In either of these cases it may be several weeks before you feel fully well again.

Will I need to be checked in an out-patient department following discharge home?

Following your discharge you will be reviewed in the out-patient clinic to check how your wound is settling, your hormone levels and voice production. You will usually receive the date and time for this appointment through the post or it may be given to you before you go home.

Useful web addresses

www.thyroid.org

www.baets.org.uk British Association of Endocrine and Thyroid Surgeons

www.btf-thyroid.org

www.british-thyroid-association.org

www.nhsdirect.nhs.uk

www.patient.co.uk

The above are correct at the time of going to press.

- supply affected and then the calcium levels may fall below normal. If this happens you will be advised to take calcium tablets and sometimes vitamin D also. Usually this is only temporary, but sometimes it is permanent (it is called hypoparathyroidism).

Will it affect my voice?

- The thyroid gland lies close to the voice box (larynx). Following your surgery you may find that your voice may sound hoarse and weak, but this generally recovers quite quickly. In a very small number of cases this can be permanent.

Will I have neck stiffness, restricted shoulder movement or pain?

- You will feel some discomfort and stiffness, but you will be given some medication to help ease this. After a few weeks you should be back to a good standard of neck movement and shoulder function.

Will I have a scar?

- You will have a scar, but once this is healed it is usually not very noticeable. The scar usually runs in the same direction as the natural lines of the skin on your neck.

What about smoking?

Smoking is not allowed within the hospital. There are designated smoking areas located within the hospital grounds. If you do smoke it is in your own health interests to stop smoking at least 24 hours prior to your anaesthetic.

Please contact your GP's surgery for advice on stopping smoking.

thyroid. Low blood calcium can occur after surgery. You may be required to take calcium supplements long-term and this may prolong your hospital stay. There is also a risk to the nerve that works your voice box resulting in a weak/hoarse voice.

What happens in a pre-admission assessment clinic?

- You will attend a pre-admission assessment clinic, one or two weeks before your operation. Tests that may be required prior to surgery, such as blood tests, a heart tracing (ECG) and a chest X-ray will be carried out.
- The operation will be explained to you and you will be given the chance to ask any questions you may have.
- **Please bring with you any medication you are currently taking.**
- You will be asked to go to the surgical admissions lounge on arrival at the hospital.

What preparation will I need for the operation?

- Your operation will be carried out under a general anaesthetic, which means that you are unconscious for the whole operation. Removing all or part of the thyroid involves delicate surgery which means that the operation can take about two hours or more.
- At your pre operative assessment you will receive details of when to stop eating and drinking prior to surgery.
- You should expect to stay in hospital between 1 to 3 nights after the operation.

What will happen when I get back on the ward following surgery?

- Back on the ward you will be sitting fairly upright in your bed

supported by several pillows as this will help to reduce any neck swelling.

- Your nurse call bell will be situated close to you so that you can call a nurse at any time.
- You will have your blood pressure, pulse and oxygen levels checked regularly.
- There will be a fluid drip, probably in the back of your hand; this will be removed as soon as you are drinking normally (usually within 24 hours). You will be able to sip drinks quite soon after your operation as long as you are not feeling sick and you can eat as soon as you feel you are able.

What will I look like after thyroid surgery and what will I be able to do?

- You will have a scar on the front part of your neck which will feel a little tight and swollen initially after the operation. The skin wound will be closed with a stitch or with clips. These will be removed by the practice nurse at your GP's surgery.

After the operation

- You may have a drain from your wound to collect fluid. The drain is a small plastic tube that is inserted into the neck during the operation. The tubing is attached to a plastic collection bottle into which the fluid drains. The drain is not painful and you can carry it around with you. The drain will be removed by a nurse when the drainage is very minimal. The time span may vary but it is usually a day or two after your operation.

Will it affect my eating and drinking?

- For a short period after your operation you may find it

painful to swallow and you may need a softer diet for a short time. You may find that nutritious drinks are helpful in maintaining a balanced diet which is important to assist healing.

What should I do to reduce any risk of wound infection?

- Keep your neck wound clean and dry. Initially the nursing staff will check your wound and clean it as necessary. When you feel more mobile you may have a shower or bath.

After leaving hospital

- If your neck becomes increasingly painful, red or swollen, or you notice any discharge then please seek medical advice from ward staff or your GP.

What rest do I need?

You will need to take it easy while your neck wound is healing. This means avoiding strenuous activity and heavy lifting for a couple of weeks. Your neck will gradually feel less stiff and you will soon be able to enjoy your normal activities.

- When taken as instructed, thyroxine tablets have no side-effects.
- If only part of the thyroid is removed then you may not need to take thyroxine replacement after the operation, as the remaining part of the gland will often be able to produce enough thyroxine. A blood test may be done to check on this after the operation.
- You may need regular blood tests to measure the levels of hormones in your blood and your medication will be adjusted accordingly.
- Sometimes one or more of the parathyroids (glands that produce calcium) is unavoidably removed, or their blood