

Mr Stephen Tudge MBBS, MS, FRACS  
Otolaryngology, Head and Neck Surgery

## Information regarding Thyroidectomy

### Types of thyroid surgery

Hemithyroidectomy (removal of half of the gland)

Total thyroidectomy (removal of the whole gland)

### Reasons for having the operation

To remove a suspicious lump in the gland (usually a hemithyroidectomy)

To remove an enlarged gland, or goitre (whole gland may be enlarged, or predominantly one side) causing airway compression or cosmetic changes.

To remove a cancer and allow adjuvant radioactive iodine treatment (total thyroidectomy)

### Nature of the operation

You will be admitted to hospital on the day of surgery

The operation is done under general anaesthetic

The operation normally takes between 1.5 and 3 hours, and is done through an incision in the lower neck.

Usually you will be able to go home 1-2 days after the procedure.

### Side-effects and Risks

#### *Hormone replacement*

All patients having a total thyroidectomy need thyroxine hormone replacement, which is taken as a daily tablet. For hemithyroidectomy, the risk is about 10% of needing supplements.

#### *Voice change*

The recurrent laryngeal nerves passes under the thyroid gland to the vocal cord on each side. They may be bruised (approx 5% risk) and take up to 6 months to recover, or permanently damaged (<1%). If the tumour encases the nerve, the nerve may have to be cut to remove the cancer.

#### *Airway obstruction*

If both vocal cords are affected by the surgery and/or tumour, it may be difficult to breathe and in rare cases a temporary tracheostomy tube may need to be placed (this is a risk of total thyroidectomy only)



### *Low Calcium levels*

There are 2 parathyroid glands on each side of the thyroid gland. If these are damaged or if their blood supply is interrupted, you may require tablets to keep your calcium levels at the normal level (risk of total thyroidectomy only). It is routine to take calcium supplements after total thyroidectomy for several weeks, but sometimes this is needed in the long term (2-5%).

### *Scar*

The scar is usually pink initially, then fades over 6-12 months. Usually the scar is then not noticeable unless specifically looked for. Keloid scarring is a rare complication and usually affects people who have had prominent scars in the past. Occasionally there may be some tethering of the skin to the underlying tissues with swallowing, but this is rarely a long term problem.

### *Infection*

There is a small risk of getting infection in the wound, which may require drainage. Preventative antibiotics are given during the operation to minimize this risk

### *Bleeding*

There is also a small risk (<1/1000) of developing a blood clot under the wound, which rarely requires urgent removal to prevent undue pressure on the trachea (wind-pipe). For this reason all patients are monitored in hospital for at least one night.

### *Other*

You are likely to have some neck stiffness, numbness of the skin in front of your neck and mild difficulty swallowing for 4-6 weeks.

# Post-operative Information

## Wound

Care should be taken to be gentle with the wound. It can get wet in the shower and be patted dry afterwards.

## Sutures

The sutures are usually under the skin and do not require removal. The dressing should be left intact until your post operative review

## Scar care

Tape should be applied to the wound on a weekly basis for three weeks after removal of the dressing. Bio-oil should then be massaged into the area 1-2 times per day for 3-6 months.

## Check-up

An appointment should be made to see me in my office 1 week following surgery.

## Time off Work / School

1-2 weeks is usually required. A work certificate will be provided at your post-operative visit as required.

## Calcium level checks

If you are taking calcium replacement medication, usually the levels are checked weekly and the dose reduced as appropriate.

## Thyroxine level checks

This is done less frequently (it usually takes a month to stabilize after a change of dose), but will need to be checked at least yearly by your GP in the long term. The prescription for this medication should be supplied by your GP.

## Radio-active Iodine treatment

This is given in the form of a tablet, but requires admission to hospital. You will be referred for this treatment if it is appropriate for your cancer.

