

## **INSTRUCTION SHEET: THYROID SURGERY**

### **WHERE IS THE THYROID?**

Your thyroid gland is responsible for secreting thyroid hormone which controls the functioning of other organs in your body. The thyroid gland is located in the lower aspect of the front part of your neck. The gland has a right and left lobe connected by a band of thyroid tissue called the isthmus. The is situated on top and around your voice box (larynx) and windpipe (trachea). There are two nerves deep behind each lobe of the gland (the recurrent laryngeal nerves) that serve to move the vocal cords during speech and breathing. There are also two small parathyroid glands on each side that controls your calcium levels.

### **WHAT IS A THYROIDECTOMY?**

Your doctor has determined that you have an abnormality in your thyroid gland which requires surgery. Usually there is a nodule or mass within one or both lobes of the gland. However, these cannot be simply removed from the gland due to the highly vascular nature of the gland, which lead to problematic bleeding if the gland is entered. Therefore, the entire lobe (or entire gland including both lobes and the isthmus) is removed.

The removal of the gland requires a surgical incision over the gland in the lower aspect of the front part of your neck. The recurrent laryngeal nerves and parathyroid glands are identified and dissected away from the gland. The gland is then carefully removed from the trachea, larynx and other structures of the neck. Afterwards, a drain is often placed and the surgical site is closed. The drain usually can be removed the next day.

Often times, only half of the gland needs to be removed, however if cancer or a malignancy is found, then the opposite side of the gland will require removal, thus the entire thyroid gland would be absent. During surgery, the pathologist will examine the gland by frozen sections to determine whether there is cancer. However, sometimes a thorough diagnosis cannot be made until the gland is examined several days later. Occasionally, the patient would need a second surgery to remove the opposite aspect of the gland if the later pathology results demonstrate a malignancy that was not noted by the frozen section analysis during the surgery.

### **INSTRUCTIONS PRIOR TO SURGERY:**

1. No aspirin or ibuprofen containing medications two weeks before surgery
2. **Purchase a large bottle of Tums** (Tums Extra-strength or Tums Ultra) for after surgery. Tums are a source of calcium replacement that you might need after surgery. Your doctor will instruct you on how to use this, if needed.
3. Nothing to eat or drink after midnight the night before surgery.

### **INSTRUCTIONS FOR AFTER SURGERY:**

1. Your doctor will prescribe pain medication for after surgery. Patients often notice pain with swallowing, and this is due to the up and down movement of the voice box during swallowing.

2. You will need to sleep with your head elevated above the level of your heart. This can be accomplished by sleeping on several pillows or in a reclining chair. This helps to reduce swelling and pain to the neck.
3. You may shower or bath and wash your hair afterwards. You should place a layer of antibiotic ointment (such as Neosporin or Bacitracin) over the incision before and afterwards. Try not to have water directly on the wound. If it gets wet, lightly dab dry it. Do not wash or vigorously rub the surgical site for about two weeks.
4. Diet: Start with liquids and soft food, and advance to a normal diet as you are able to tolerate.
5. Other medications: Sometimes you will need a thyroid replacement hormone after surgery. Your doctor will instruct you afterwards if this is needed. Often when only one lobe is removed, this type of medication may not be needed. Your doctor may need to place you on a vitamin D medication to maintain normal calcium levels along with the Tums.
6. You will need to make an appt for about a week after surgery for removal of the sutures.

**WHEN TO CALL:**

1. If you have pronounced redness, swelling, or drainage of the from the neck incision, temperature over 101, problems breathing, or pain that is not controlled with the prescription pain medication.
2. If you notice tingling or numbness around the lips, muscle twitching or cramping (these are signs of possible low calcium levels).