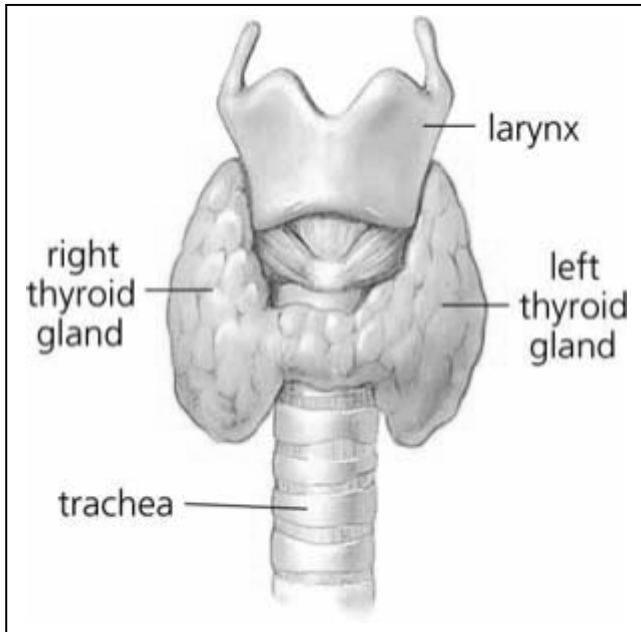


Thyroidectomy (Thyroid Removal)



The thyroid is the gland located in your neck that controls your body's metabolism. *Metabolism* is the use of energy supplies in your body. The thyroid gland is responsible for how fast the food is broken down and used. When the thyroid is **overactive** it is called **hyperthyroidism**. It is called **hypothyroidism** when the thyroid is **underactive**.

Removal of this gland is one form of treatment when the gland has become too large, overactive, or has developed a lump (tumor).

PROCEDURE

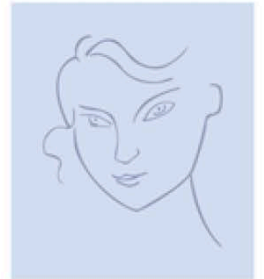
The removal of the thyroid gland is done under a general anesthetic (you are asleep). The gland is removed through an incision on the lower part of the neck and the surgery takes about 1 hour. Different procedures are used depending on what is wrong. This will be discussed with you. Procedures used are:

- **Total thyroidectomy:** The total thyroid gland is removed while carefully leaving the other important tissues and nerves that are located near the thyroid alone.
- **Partial thyroidectomy:** The thyroid gland is partially removed. This partial removal leaves behind some working thyroid tissue. The tissue left behind may be enough to provide thyroid hormone for the rest of your life. Replacement will most likely **not** be required.

Most surgery is done as a day case or one night stay. Drain tubes are rarely used and usually will be removed prior to discharge.

RISKS OF SURGERY

- **Hypothyroidism:** Depending how much thyroid tissue is to be left behind, there may not be enough thyroid tissue to supply the necessary amount of thyroid hormone. When this happens it is necessary to take **replacement hormone** which is taken as a once daily tablet for **the rest of your life**.
- **Hypoparathyroidism:** The parathyroid glands are located on the thyroid gland and are close to the thyroid. These glands are responsible for calcium metabolism. If these glands are damaged or removed, the calcium in the blood becomes low and the nerves in the body become irritable. This can result in spasm of the muscles. Medications (usually temporary) may be required to treat this.
- **Infection.** This can usually be treated with *antibiotics*.
- **Damage to the nerves that go to the voice box.** The least amount of stretching on these nerves causes hoarseness. Usually this recovers by 6 weeks after surgery. Rarely (1%) hoarseness may be permanent and may be improved by corrective surgery. If both nerves are damaged (very rare), patients may feel short of breath and even require a temporary tracheostomy tube.
- **Bleeding** is a risk in almost all surgeries. It is of greater concern in the neck because a moderate amount of blood building up here cuts off breathing. Usually



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it would happen while at hospital and would require an urgent second surgery to stop it and protect against breathing difficulty.

- Recurrence of thyroid cancer may happen with the very best of surgery and follow up treatment. Sometimes small cancer cells that cannot even be seen with the naked eye may have already spread at the time of surgery. Other treatment is available. This treatment may include further surgery, radio-iodine medication, radiotherapy or a combination of these.

PREPARING FOR SURGERY

- Stop smoking (ideally 2 weeks before surgery)
- Do not eat or drink anything after midnight before surgery
- Take your normal medications with a sip of water on the morning of surgery
- Avoid aspirin or ibuprofen (painkillers other than paracetamol) for 10 days before surgery as they may increase your risk of bleeding
- If your thyroid is overactive, you may require medication (see your GP or endocrinologist to arrange this)
 - (eg metoprolol) to keep your resting heart rate below 80 beats per minute
 - Calcium tablets 600mg three tablets 3x/day for 5 days before surgery

AFTER SURGERY

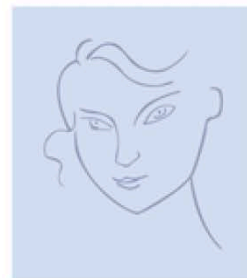
- Total thyroidectomy only:
 - Take 3x calcium tablets (600mg) 3x/day until review with Dr Iseli. Take calcium on an empty stomach (30 mins before or 2 hours after food). It is important to take them on an empty stomach (30 minutes before or 2 hours after a meal). If you develop tingling in your fingertips, lips or muscle cramps, take an extra calcium tablet (total 4) 3x/day. If symptoms persist, call Dr Iseli's office.
 - Take thyroxine 125mcg/ day and have your levels checked by your endocrinologist 4 weeks after surgery unless directed otherwise by Dr Iseli.
- It will be normal to have a mildly sore throat for 5-7 days after surgery. Take prescribed pain medication as required. You may use paracetamol (Panadol[®], panadeine) for discomfort. Do not take aspirin or nonsteroidals such as ibuprofen, naproxen etc.
- Tape your wound with micropore tape for 6 weeks after the steristrips are removed or come off. Change the tape as infrequently as possible.
- After the first 6 weeks, massage your wound with bio-oil after showering.
- You may shower immediately (your sutures are dissolving under the skin).
- You may resume normal diet and activities as tolerated on the day after surgery.
- Avoid lifting >5kg for 2 weeks after surgery and avoid driving until you can turn your head easily to both sides without pain.
- Make an appointment to see Dr Iseli 1 week after surgery.

SEEK MEDICAL CARE IF:

- You have increased bleeding from wounds.
- You see redness, swelling, or have increasing pain in wound or your neck.
- You have pus coming from your wound.
- You develop an unexplained temperature over 38.5° C

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- You develop a rash.
- You have difficulty breathing
- You develop any reaction or side effects to medications given.
- You develop swelling in your neck.
- You develop changes in speech or develop hoarseness which is getting worse.



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