THYROIDECTOMY

POST OPERATIVE INSTRUCTIONS

You have undergone a procedure called Thyroidectomy. This is a procedure where all or part of the thyroid gland is removed. This gland is located low in the neck just above the breast bone. It overlies the wind pipe and is composed of two lobes connected by a bridge of tissue called the isthmus. The thyroid gland controls metabolism in several systems in the body.

After surgery you can expect to awaken in the recovery room. You will then be transferred to a room where you will be watched carefully. Expect to have a small tube from the area of surgery coming out through the skin called a drain, which prevents any buildup of fluid from under the skin. This will be removed in one or two days.

The following information may help answer most of your post operative questions.

DIET

The single most important aspect of your postoperative diet is ensuring good fluid intake. Resume a regular diet without restriction as soon as you can. You may begin drinking liquids as soon as you desire. It is very important during the first several days after surgery to drink extra liquids.

FEVER

Fever is not normal after thyroidectomy. A fever greater than 101.5°F orally should be reported to your surgeon immediately.

PAIN

It is common to experience some pain following surgery. Pain medicine will be provided and should be taken as prescribed. If you are experiencing severe pain, or increasing pain that persists despite pain medication, this is not normal and should be reported to your surgeon immediately. Do NOT use aspirin, Motrin, Ibuprofen, Aleve or any drug which contains these medicines as they all promote bleeding. You may use acetaminophen (Tylenol) or the prescription pain medication prescribed by your surgeon.

NAUSEA AND VOMITING

Nausea and vomiting are common after general anesthesia. This may start when you begin to eat or drink. If this lasts greater than 48 hours please call the office for further instructions.

HOARSENESS

Hoarseness may be expected immediately after surgery for a temporary time. The recurrent laryngeal nerve passes deep to the thyroid gland and is responsible for movement of the vocal cords. Rare injuries
THYROIDECTOMY POSTOPERATIVE INSTRUCTIONS CONTINUED

to the recurrent laryngeal nerve could result in paralysis of the vocal cord and permanent hoarseness. This is a very unusual occurrence as we take great care to protect this nerve and identify it during surgery. There is less than a 2% risk of permanent injury to this nerve. In rare cases, swelling of the nerve may result in temporary hoarseness that may last up to 2-3 months.

**LOW BLOOD CALCIUM LEVELS**

The parathyroid glands are adjacent to the thyroid gland. Removal or injury to the parathyroid glands or their blood supply during surgery could result in a low blood calcium level. Excessive removal of the parathyroid glands during surgery can result in permanent low levels of calcium in the bloodstream. There is some danger associated with low calcium levels that could consequently necessitate ongoing use of calcium supplements and Vitamin D after surgery. You may remain in the hospital to monitor your calcium until it stabilizes if you have undergone total thyroidectomy. Developing permanent problems with calcium after thyroid and parathyroid surgery is very unusual and occurs in less than 2% of cases.

**SCARRING**

All thyroid and parathyroid surgery requires a surgical incision across the neck that results in a permanent scar. Care is taken to make as small an incision as necessary. We also try to place the incision along the skin creases or parallel to the skin creases in the neck. This allows the resulting scar to be hidden as it heals. We also take care to do a plastic surgical closure on the incision to minimize the scar as much as possible. We recommend avoiding sun exposure to the surgical site for 12 months, to prevent pigmentation of the scar. Use sun block (SPF 15 or greater) if exposed to the sun.

**BLEEDING AND INFECTION**

Bleeding and infection are always a risk with any surgery. All efforts are made to minimize your danger with good surgical techniques. Even so, these risks may occur and need to be dealt with.

**CARE OF YOUR INCISION**

You may have a dressing on your neck after surgery. You should not alter the dressing without instructions from your surgeon. Watch for signs of wound infection, including increasing pain, redness, swelling, foul discharge, or fever. If any of these occur, please call the office.

**SHOWER/BATH**

No bathing or showering while drain is in place. You may shower once the drain is removed. Your surgeon will instruct you on when you can bathe.

**ACTIVITY**

Resumption of normal activity is encouraged as soon as possible. Use common sense, and avoid lifting heavy objects or straining hard. It is advised to take a few days off from school or work. Sports, aerobics, or vigorous physical training should be avoided for three weeks after surgery. You should avoid driving for one week, or until you can turn your neck without any pain.

**SWIMMING**
No swimming is allowed until given clearance by your surgeon.

**DANGER SIGNS INDICATING A NEED TO CALL THE DOCTOR**

1. Any change in activity or alertness of the patient.
2. A temperature greater than 101.5F orally or 102.5F rectally.
3. Complaints of increasing neck pain.
4. Any redness, swelling, or tenderness of the incision.
5. Persistent bleeding or drainage from the incision.
6. Continuous nausea or vomiting or refusal to eat or drink fluids.
7. Any increasing difficulty in swallowing.
8. Any numbness or tingling around the mouth or in the fingers.
10. Worsening hoarseness.

**PAIN MEDICINE:**
Take as prescribed.

**ANTIBIOTICS:**
Take as prescribed.

**MEDICATIONS:**
Calcium and or Vitamin D may be prescribed.
Synthroid or other thyroid medications may be prescribed.

*Once medication is finished do not save. Take unused medication to pharmacy for destruction.*

*Keep all medications away from children*

**Post-operative Follow-UP Appointment**

Your follow-up appointment is scheduled on:

**DATE:**

**TIME:**

Dr. Thompson        Dr. Walton        Dr. Ellis        Constance Zuroske A.P.R.N