



# THYROIDECTOMY

*Date of Surgery* \_\_\_\_\_

Please bring this booklet the day of your surgery.

Quinte Health Form #70

## **What is Thyroidectomy?**

A thyroidectomy is removal of all the thyroid gland (total thyroidectomy) or part of the thyroid gland (subtotal thyroidectomy). The thyroid is in the front of the neck and is divided in half and joined by tissue. It makes and stores hormones that control how much energy you have and how fast your body uses it. The surgery is performed through an incision across your neck. The incision usually follows the natural skin lines and folds so that it will not be as noticeable when it heals. The wound gradually fades away over the months.

## **The Day of Surgery**

Arrive at the hospital at your scheduled time. After admission and preparation for surgery by the nursing staff, you will go to the Operating Room. The anaesthetist will administer a general anaesthetic (puts you to sleep). The surgery usually takes 2-3 hours.

## **After Surgery**

You will remain in the Recovery Room for 1-2 hours while recovery from anaesthesia is monitored. You will then be taken to your hospital room. Patients often return from surgery with a variety of tubes. Intravenous is given for fluids and/or medications. You may have oxygen. Deep breathing will help bring your oxygen levels back to normal. These tubes will be removed as you recover.

## Wound

You may have a drain inserted near the wound called a Jackson Pratt. It is a small plastic tube, which drains fluid and blood from the incision area. This is usually removed in 24 hours or when the drainage is decreased.

## Diet

You may experience some nausea as a result of the anaesthetic. There will be medications available to help.

At first you will start with small amounts of clear fluids and then your diet increased as you can tolerate.

## Activity

Deep breathing is very important to help prevent lung congestion or pneumonia. Breathe deeply in your nose, and then slowly blow it out. Do this about 10 times every hour while you are awake. Limit coughing to prevent strain on the incision.

Leg and foot exercises (moving your feet up and down) is advised about 10 times every hour to decrease the chance of blood clots and to have good blood flow.



The first evening of surgery, you will sit up on the side of the bed with help. As your strength returns, your activity will be increased.

## **Pain**

You may feel some discomfort and stiffness around your neck. Your surgeon will leave instructions for pain medication if needed. Let your nurse know if you are uncomfortable.

The usual length of stay in the hospital is overnight. Please arrange to have help available when you go home.

## **Guidelines At Home**

Diet is as tolerated. A soft diet may be more comfortable for a few days. You may notice that very thick or tough foods are hard to swallow for a few weeks. Good nutrition promotes healing and helps fight infection.

It is common to feel more tired for the first few days. Get extra sleep at night and take a nap during the day to help.

You may have a feeling of fullness in your neck and some difficulty swallowing for the next 4-6 weeks. Throat lozenges may help ease this feeling.

Elevate your head as much as possible. Use two pillows when sleeping. This helps prevent strain on the incision and helps to keep swelling down.

Some bruising around the incision and slight swelling is normal.

Keep our incision clean and dry for 48 hours. You may then shower and get incision wet, but avoid direct water pressure to the neck. Pat incision dry. Apply a clean dressing. If you have staples or stitches your doctor usually removes them in 7-10 days.

## Guidelines At Home

No swimming for 2 weeks.

Do not drive a car until you can turn your neck comfortably, usually 1-2 weeks.

Usual length of time off work is 1-2 weeks, but will vary according to your job. Ask your surgeon.

Nerves that supply the voice box are close to the thyroid gland and are sometimes affected, resulting in hoarseness. This usually returns to normal within a few weeks.

Sometimes the small glands behind the thyroid (parathyroid) can be affected during total thyroidectomy. These glands control the calcium level in your body and you may need to take calcium tablets to keep normal calcium levels. Blood tests will be done periodically to monitor this.

If a total thyroidectomy has been done, your doctor will prescribe thyroid tablets. Occasionally they will be required after a subtotal thyroidectomy. These tablets work exactly the same as your natural body hormone did and you will require occasional blood tests to monitor this.

Your surgeon may give you a prescription for pain medication. Depending on how much discomfort you have, Tylenol or Motrin may be enough to control this discomfort (if not allergic).



**Call your surgeon or go to the nearest Emergency Department if you have:**

- Numbness or tingling of face, toes or fingers (low calcium)
- Signs of infection – fever, increased redness around incision, pus drainage from incision
- Difficulty breathing
- Increased difficulty swallowing
- Tightness in the neck
- Increased swelling or drainage of the incision
- Unusual cough, shortness of breath or chest pain
- Leg tenderness, swelling or redness in calf

## **Appointment**

Call your surgeon's office to make a follow-up appointment.

## **Special Instructions**

## **Questions?**

Developed By: Surgical Services, 2003

Approved By: Department of Surgery, Quinte Health

Reviewed: July, 2008/Oct 2022 (new logo)