FORT WORTH SURGICAL CONSULTANTS

Thyroidectomy

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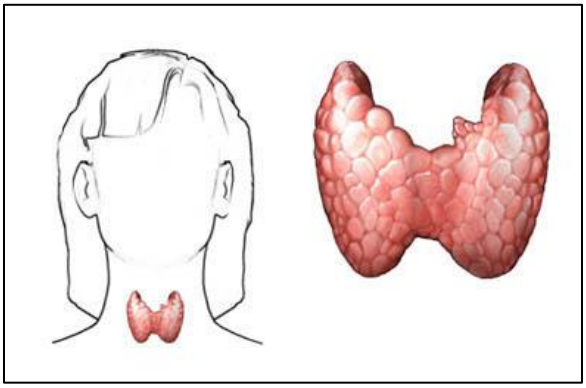
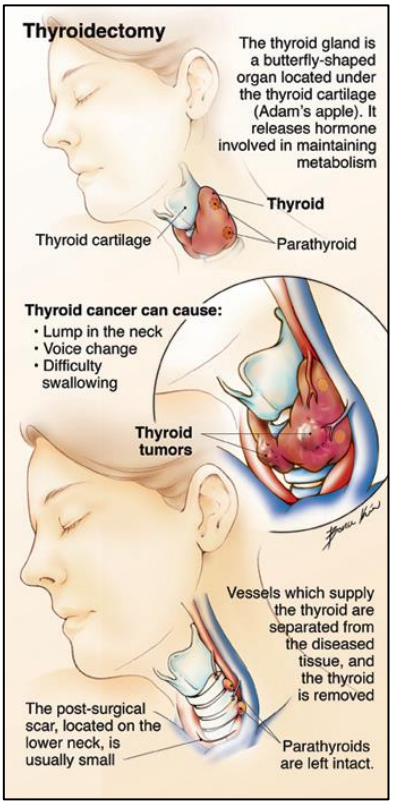
Patient Postoperative Instructions and Information

The normal thyroid gland:



The thyroid is a double lobed gland that is located in the neck, draped over the front of the windpipe (trachea). The thyroid gland makes and releases two thyroid hormones: thyroxine (T4) and triiodothyronine (T3). Thyroid hormones affect every cell and all the organs of the body. Too much thyroid hormone speeds things up and too little thyroid hormone slows things down. They:

- Control the rate at which your body burns calories (your metabolism). This affects whether you gain or lose weight.
- Can slow down or speed up your heartbeat.
- Can raise or lower your body temperature.
- Change how fast food moves through your digestive tract.
- Affect muscle strength.
- Control how quickly your body replaces dying cells.



The pituitary gland and the thyroid gland work together. The pituitary gland (located near the base of the brain) makes, stores, and releases thyroid-stimulating hormone (TSH). When TSH is secreted by the pituitary gland, it causes the thyroid gland to release more T3 and T4. A high TSH level means there isn't enough thyroid hormone, and a low TSH level means there is too much.

Surgery details and expectations:

Like most surgeries, you will need to take nothing by mouth after midnight the night before surgery. You will be completely asleep for this procedure and there will be a breathing tube placed in your airway to help you breathe. Between the surgery and the breathing tube, it is very common that you will have a sore throat after you wake up.

During thyroidectomy, an incision is made in the bottom part of the front of the neck. The length of the incision is usually 4 to 6 cm in size (1.5 to 2.5 inches) and is placed within a skin fold if possible. The incision will be kept as small as possible, but as large as necessary to perform a safe operation. The thyroid gland will be carefully separated from its surrounding tissues, and the blood vessels going in and out of it will be sealed and divided. Particular care will be given to finding and preserving the parathyroid glands and the recurrent laryngeal nerve. Parathyroid glands are small, pea-sized glands that are located close to the thyroid and help regulate the calcium level in the blood stream. Most people have four parathyroid glands, one near the top of each thyroid lobe and one near the bottom of each thyroid lobe. Only one functional gland is necessary for calcium regulation but every attempt will be made to identify and preserve all glands. The recurrent laryngeal nerve supplies innervation to the vocal cords and permits voice production. If the recurrent laryngeal nerve is

damaged, there will be permanent hoarseness. Once the recurrent laryngeal nerves and parathyroid glands are identified and protected, the remaining attachments of the thyroid will be divided and the gland will be removed. The gland will be sent to the pathologist for complete evaluation.

Following surgery, it is common to be hoarse. In the vast majority of cases, this is due to swelling and irritation from surgery and not an injured recurrent laryngeal nerve. This typically resolves quickly. Depending on the extent of the surgery, you may go home on the same day or you may stay overnight in the hospital for observation. If an overnight stay is needed, you will mostly likely go home the following morning. Regarding postoperative pain, you can expect tenderness at the incision. But the pain is usually much less than operations in other parts of the body, particularly the abdomen. Local anesthetic (numbing medicine) will be injected in the wound at the time of surgery and this helps with those first several hours where the pain is most acute.

Post Operative Instructions

Incision:

All of the sutures will be under the skin and will dissolve on their own. A medical glue called Dermabond will be applied as a dressing. This is waterproof and you may shower on the day after surgery, cleaning the area with soap and water. Carefully blot dry. This glue will flake off on its own as you normally exfoliate.

Drain:

Depending on the operative findings at surgery, it may be necessary to leave a drain to collect any fluid that might accumulate. This is generally only considered in cases where the thyroid is large and will leave a significant space where fluid may accumulate after surgery. We will discuss the probability of needing this before surgery. If a drain is left, it will be a plastic tube that exits from the skin through a small hole located beneath your incision. It will have a plastic bulb that applies gentle suction to evacuate any fluid. We will typically remove this drain the following morning if it needs to be placed at all.

Head of Bed:

It is helpful to keep your head elevated compared to your heart for the first few weeks after surgery. This will help prevent swelling of the skin above the incision. This is a variable finding and you may find that you can sleep flat with no consequence. But, if needed, it is helpful to elevate your head 30 to 45 degrees to prevent swelling. This can be done either by sleeping in a recliner or elevated the head of your bed.

Activity:

Avoid straining, heavy lifting, or vigorous exercise for 2 weeks after surgery.

Diet:

You may eat your regular diet after surgery.

Pain management:

Your pain can be mild to moderate the first 24 – 48 hours. The pain usually lessens after that. Many patients complain more about a sore throat from the breathing tube used during surgery then about pain from the surgery itself. Your pain will get better in 1-2 days and is best treated with throat lozenges.

You may not need strong narcotic pain medication. It is to your advantage to avoid or at least limit narcotic use, as the side effects quickly outweigh the benefits. Narcotics tend to make patients constipated and this can be to a level that causes significant discomfort. In contrast, anti-inflammatory medications such as Tylenol,

ibuprofen, and ketorolac do not cause constipation and, by decreasing inflammation, work to diminish the source of the pain (inflammation) as opposed to merely dulling your sensation of pain. If narcotic medications are prescribed after surgery, it is acceptable and preferable for you to transition to anti-inflammatory medications as soon as you are able. It is helpful to begin trying anti-inflammatory medications and reserve narcotics to be used only if you feel they are needed. If taking narcotics, we advise you to take a stool softener to prevent constipation. Any over-the-counter stool softener or laxative is fine. Examples include MiraLAX (polyethylene glycol) and Dulcolax (docusate sodium).

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, etc.) This medication affects your reflexes and responses, just like alcohol.

Postoperative appointment:

Please contact the office to make an appoint following your surgery. We will typically see you back in the office about two weeks after surgery.

When to call the office sooner: If you have…

1. Any concerns. We would much rather that you call than worry at home, or get into trouble.
2. Any numbness or tingling around your mouth, in your fingers or toes, or anywhere. This may be a sign of low blood calcium levels. If you have muscle cramping and or curling of your fingers or toes, this could be even more seriously low blood calcium levels. Please call without delay if you experience these symptoms.
3. Fever over 100.5 degrees F.
4. Foul smelling discharge from your incision.
5. Large amount of bleeding.
6. More than expected swelling of your neck.
7. Increase warmth or redness around the incision.
8. Problems urinating.
9. Pain that continues to increase instead of decrease.
10. Choking or coughing with food or liquid.