Total Thyroidectomy
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Key Messages

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.
- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

Why do I need surgery?

Surgery is the recommended treatment for several disorders of the thyroid gland. These may include one of the following:

- Large thyroid or multi-nodular goitre (a goitre is an enlarged thyroid gland) causing obstructive symptoms of breathing or swallowing difficulties
- Solitary nodule thyroid adenoma (a benign tumour)
- Thyroid cancer
- Graves’ disease (hyperthyroidism or thyrotoxicosis)
- Recurrent thyroid cyst
- Where the type of nodule is unclear

Pre-operative Assessment

Most patients come for an appointment at the Pre-operative Assessment Clinic. At this clinic you will be asked for details of your medical history and any necessary clinical examinations and investigations will be carried out. This is a good opportunity for you to ask any questions about the operation.

You will be asked about any medicines or tablets that you are taking – either prescribed by a doctor or bought over the counter in a pharmacy. It helps if you bring details of your medicines with you - for example, bring the packaging or a repeat prescription with you.

What happens during the operation?

The operation is performed under a general anaesthetic (you are asleep). An incision is usually made through a lower crease in your neck. Many structures pass through the neck
and during the operation the surgeon will take care to identify the various arteries, veins and nerves. Special attention is paid to the nerves that supply your voice box, as well as the blood supply to the parathyroid glands which control your calcium metabolism. After the thyroid is removed, the wound is closed together with the skin. Soluble stitches are used on the skin so you don’t have to go to your GP for removal.

Risks of surgery

- **Bleeding** (About 1-2 %)
- **Infection** (About 1-3 %)
- **Damage to nerves that control voice box** (About 1-2 %): This may make your voice sound hoarse or husky and may be slightly weaker than before. Usually this recovers within six months (Neuropraxia). Permanent problems arise in approximately one to two per cent of cases.
- **Low calcium levels.** The parathyroids are four small glands the size of a small pea that are next to, or occasionally within, the thyroid. They control the calcium balance in your body. Your surgeon will make every effort to preserve these, but even in the best of hands their blood supply may be affected as a result of thyroid surgery so that they may stop working. In addition, one or more parathyroids may be unavoidably removed. This can result in hypoparathyroidism which can be temporary or permanent. Fortunately you do not need all four parathyroids, but sometimes it takes days, weeks, or even months after the operation for the remaining parathyroids to be able to completely control your calcium balance. If you experience a tingling sensation in your hands, fingers or around your mouth after surgery **you must alert the medical staff** since this is a sign that your calcium levels have dropped, usually as a result of a decreased blood supply or damage to one or more parathyroids. You will need to take calcium supplements and, if necessary, vitamin D, to correct this. The parathyroid glands often recover their function within six to eight weeks.
- **Scar.** Usually the scar heals and is hardly noticeable but in some people it may become tender, red and thickened. This is called a hypertrophic or keloid scar.
Risks of General Anesthetic

Modern anaesthesia is very safe and serious problems are uncommon.

- After an anaesthetic it is common to feel sick or vomit or experience the following: sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache. About 1 in 10 people experience these side effects.
- It is uncommon (1 in 1000 people) to have a chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse.
- Rarely (1 in 10,000 people or less) patients have damage to their eyes, a serious drug allergy, nerve damage, equipment failure, awareness (becoming conscious during your operation) or death.

The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight), or surgery which is complicated, long or done in an emergency.

What can I expect after surgery?

For the first few days after your operation you should expect some discomfort in your neck and when swallowing. You will be given painkillers to take home and you may want to take these regularly at first.

Going Home

You will normally be allowed home the day after your operation. When you get home you should rest for 2-3 days.

You will be prescribed thyroxine and calcium supplementation on discharge. You will remain on thyroxine for life and will take calcium supplementation for 2 weeks.

Wound care

The wound should be kept dry for 48 hours. The steri-strips should stay on for up to one week. As already discussed above, your stitches are dissolvable.

A detailed wound care sheet will be provided after the surgery at your time of discharge.

Is there anything I should look out for when I go home?

If you have any concerns about your wound because it is red, hot, swollen or painful you should seek advice from your GP or practice nurse.

If you experience a tingling sensation in your hands, fingers or around your mouth after surgery you must alert the medical staff since this is a sign that your calcium levels have dropped, usually as a result of a decreased blood supply or damage to one or more parathyroids.
Follow up

We will give you an appointment to be seen in the Outpatient Department (Bandon Suite) or in the Private rooms about 6 weeks after your operation. At this time Professor Redmond or his team will discuss the (pathology) results with you as well as any further treatment and follow up you may need.

Resuming normal activity and returning to work

You should be able to return to work and normal activities after about 2 weeks. However, this can vary depending on the type of work you do. It is normal to feel tired for the next few weeks. You can drive as soon as you are able to perform an emergency stop without pain, but check with your insurance company first as policies vary.

Official Website

The above information is also available at our official website paulredmondsurgery.com