

Patient Information Set 2

Thyroid surgery

Your thyroidectomy

What is a thyroidectomy?

A thyroidectomy is the removal of all (total) or part of (partial) the thyroid gland. You may need to have this done because you have a swelling or enlarged gland, or for thyroid cancer treatment. Your specialist will explain to you whether a part or all of your thyroid needs to be removed, in order for you to give fully informed consent. If you do not understand any of the information please ask, as it is very important for you to make the right decision.

Is it a safe operation and what are the side-effects.

- The total removal of the thyroid gland means that you will need to take replacement hormone tablets called thyroxine every day for the rest of your life, otherwise you will experience symptoms of hypothyroidism (underactive thyroid). Thyroxine tablets are the size of a sugar sweetener and safe to take. With monitoring by your specialist centre and your general practitioner (GP), you should be able to lead an active and normal life.
- Thyroxine tablets are also given to suppress the level of thyroid stimulating hormone (TSH), and this is an important part of the treatment for thyroid cancer. So most patients will be given thyroxine even if they have only had part of the thyroid removed. You will be advised on this before you go home from hospital.
- You will need regular blood tests to measure the levels of hormones in your blood, and your medication will be adjusted accordingly. You will be given appointments for this.
- Thyroidectomy does not affect your ability to have children, but do ask your specialist for advice and information first if you are thinking of starting a family.

- With thyroid surgery it is sometimes necessary to remove one or more of the parathyroid glands, and then the blood calcium level may fall below normal. If or when this happens you will be advised to take additional calcium and sometimes vitamin D as well. Sometimes this is only temporary, but sometimes it is permanent. However, usually the parathyroids are not removed.

Will it affect my voice?

The thyroid gland lies close to the voice box (larynx) and the nerves to the voice box. Following your surgery you may find that your voice sounds hoarse and weak and your singing voice may be slightly altered, but this generally recovers quite quickly. In a very small number of cases this voice change may be permanent.

Will my calcium levels be affected following thyroid surgery?

The parathyroids control the levels of calcium in the blood and are situated close to the thyroid. Sometimes these glands are affected during surgery and if that is the case you may experience tingling sensations in your hands, fingers, in your lips or around your nose. Sometimes people may feel quite unwell. Please report this to the staff looking after you or, if at home, to your GP. Blood tests will be taken to monitor the levels of calcium in your blood following surgery. If the level of calcium is falling, this can easily be treated by giving you calcium supplements, which may be given via an intravenous drip and/or by tablets. You may only need to take these tablets temporarily as the parathyroids usually resume normal functioning following removal of the thyroid. You will be advised by the medical and nursing staff.

Will I have neck stiffness, restricted shoulder movement or pain?

You will feel some discomfort and stiffness around your neck but you will be given some medication to help ease any pain and discomfort. Pain relief may be given in different ways, such as injections, liquid medicine or tablets. Most patients say the discomfort is not as bad as they expected, and after the first day are up and walking around. After the

first day following your surgery you will be given some gentle neck exercises to do; this may be given in an information sheet but please do ask staff if you are unsure.

After a few weeks you should be back to a good standard of neck movement and shoulder function.

Will I have a scar?

Following your surgery, whether all or part of your thyroid is removed, you will have a scar, but once this is healed it is usually not very noticeable. The scar runs in the same direction as the natural lines of the skin on your neck

When will the operation be done?

You will probably have attended the outpatient clinic and may have been given a date for your operation at that time. Otherwise you may receive a date through the post or by phone from your consultant's secretary.

What happens in a pre-admission assessment clinic.

- Some hospitals (not all) run a pre-admission assessment clinic, and you may be invited to attend one or two weeks before your operation. This enables both the doctors and the nurses to assess your health needs and carry out routine tests which may be required prior to surgery, ie blood tests, a heart tracing (ECG) and a chest X-ray.
- The pre-admission assessment gives you the opportunity to meet the ward staff and to see where you will be admitted on the day of your operation. It is also a time when you can ask questions and discuss any concerns you may have about your operation and coming into hospital.
- Time is allocated for each individual and you should expect to be here no longer than two hours. However, in exceptional circumstances a delay may be unavoidable.
- Some patients may have their investigations carried out the day before surgery and, in that case, would not be asked to attend the pre-admission assessment.

What about smoking?

Most hospitals operate a 'no smoking' policy, and smoking is not allowed on the ward. If you do smoke it is in your own health interest to stop smoking at least 24 hours prior to your anaesthetic. Please contact your GP's surgery for advice on stopping smoking.

What shall I bring into hospital?

- Please bring nightwear, day wear, dressing gown, towels, toiletries, slippers, books/magazines and a pen. It will be helpful to arrange for a relative or friend to wash your nightwear etc. and bring in fresh supplies. Hospital nightwear is available if required.
- **You must bring with you any medication you are currently taking including inhalers.**
- Please do not bring any valuables with you, such as jewellery, large sums of money or bank cards. The hospital cannot take responsibility for your valuables. On your admission you will be asked to sign a disclaimer form which gives you responsibility for any valuables you bring with you.
- Valuables may be taken for temporary safe keeping by the ward staff while you have your operation and you will be given a receipt.

Will there be a bed?

- Because the hospital runs an emergency service, it is not always possible to predict how many beds will be available. Also, operations are carried out every day and clients are discharged home every day. It is therefore difficult to predict early in the morning how many beds will be available.
- You may be asked to take a seat in the waiting room until your bed is ready. You may be waiting for another person who has already had an operation to be discharged. The operation lists are planned and it is necessary to operate in a certain order due to many circumstances. It is for this reason that beds are allocated in order of operating lists and not in order of arrival. Please feel free to ask any member of staff for help and advice at any time. We will do our best to accommodate you and to keep you waiting for the least time possible.

What instructions or help will I have to get ready for surgery.

- When you have been taken to your bed the nurse will welcome you and check your details. It is necessary for you to wear a special theatre gown for your operation. This will be given to you by the nurse and she will show you how to wear it and give assistance if required.
- Please wear only cotton pants/underpants under your gown. All other underwear must be removed to ensure your safety during the use of the equipment in the operating theatre.
- You will also be given a pair of white elastic stockings to wear during and after the operation which will prevent blood clots forming in your legs. They feel quite tight and you may need help in putting them on.

What preparation will I need for the operation?

- Your operation will be carried out under a general anaesthetic which means that you will be fully unconscious for the whole operation. Removing all or part of the thyroid involves delicate surgery which means that the operation can take about two hours.
- To prevent vomiting and other complications during your operation, it is necessary that you should not eat anything for at least six hours prior to your operation. You will be advised from what time you should starve when you attend the pre-admission assessment, or by letter from the consultant's secretary.
- You should expect to be in hospital for about four days, or longer if any complications arise.
- If you would like to meet another patient who has had a thyroidectomy this can sometimes be arranged.

What will happen when I go to theatre?

- Just before going to theatre a checklist is completed by the nurse. You will then be taken on your bed to the operating theatre, usually by a theatre technician and a nurse. The nurse will stay with you in the anaesthetic room.
- Dentures, glasses and hearing aids can be taken out in the anaesthetic room and taken back to the ward by the nurse, or you may like to put them in your locker before your operation.

- The anaesthetist will insert a small needle into the back of your hand through which you will be given the anaesthetic. The nurse will stay with you until you are fully under the anaesthetic and fully asleep. You will not wake up until the operation is over. You will be taken, on your bed, to the recovery area where a nurse will look after you until you are awake. You will then be taken back to the ward, on your bed, by a theatre technician and a nurse.

What will happen when I get back on the ward following surgery.

- Back on the ward you will be made comfortable. You will be sitting fairly upright in your bed supported by several pillows as this will help to reduce any neck swelling. Your nurse call bell will be situated close to you so that you can call a nurse at any time.
- You will have your blood pressure, pulse and oxygen levels checked frequently. A machine will do this automatically – a blood pressure cuff is wrapped around your upper arm and a probe is clipped to one of your fingers.
- There will be a fluid drip going into a vein, probably in the back of your hand; this will be removed as soon as you are drinking normally (usually within 24 hours). You will be able to sip drinks quite soon after your operation as long as you are not feeling sick, and you can eat as soon as you feel you are able.

What will I look like after thyroid surgery and what will I be able to do?

- You will have a scar on the front part of your neck which will feel a little tight and swollen immediately after the operation. Most treatment centres now use skin clips on the outside of the neck instead of stitches, to help the scar heal. This may feel a bit sensitive but should not cause any distress. The clips are removed by a nurse. This is usually painless and done in two stages. Time spans may vary but it is usual for all the clips to be removed before you go home.
- You may have one or two wound drains from your wound to collect wound fluid which naturally occurs following your surgery. The drains are small plastic tubes which are inserted

into the neck at the end of your operation. The long length of tubing outside the neck is attached to a plastic collection bottle into which the fluid drains. Wound drains help to speed up wound healing and reduce infection. The drains are not painful and you can carry them around with you. The drains will be removed by a nurse, and they are usually removed when the drainage is minimal. The time span may vary but is usually a day or two after your operation.

- You will feel some discomfort and stiffness around your neck but you will be given some medication to help ease any pain and discomfort. Pain relief may be given in different ways such as injections, liquid medicine or tablets. Most patients say it was not as bad as they expected.
- For your own safety it is important that you do not get out of bed on your own immediately following your operation as you may be drowsy and weak. At first when you need to use the toilet a member of staff will need to assist you with a commode or bedpan. You will soon be able to walk to the bathroom yourself.
- You will have a nurse call bell within easy reach so that you can seek help from the ward staff as needed.
- Following your operation you may not feel very sociable so it is wise to restrict visitors.

Will it affect my eating and drinking?

For a short period after your operation you may find it painful to swallow and you may need a softer diet for a short time. You may find that nutritious drinks are helpful in maintaining a balanced diet, which is important to assist healing.

Will I have a sore neck?

You will probably find that your neck is quite sore and you will be given medication to take home to relieve the discomfort. Please take your medication as described on the packet and take care not to exceed the recommended number of tablets.

This medication should also ease the discomfort on swallowing. Your neck may appear swollen and

hard to touch, with some numbness, which will gradually resolve as healing takes place.

What should I do to reduce any risk of wound infection?

Keep your neck wound clean and dry. Initially the nursing staff will check your wound daily and clean it as necessary. A few days following surgery, when you are feeling more recovered, you may have a shower or bath but take care to ask the nursing staff's advice first. After bathing or showering gently pat the wound dry with a clean towel. Exposure to the air will assist wound healing.

If your neck becomes increasingly painful, red or swollen or you notice any discharge then please seek medical advice from ward staff or your GP. To reduce the risk of infection it is wise to avoid crowded places and take extra care of yourself. Use only clean towels on your wound area for the first few weeks.

What care do I need to take regarding my neck wound?

Take care not to knock your wound and remember to keep the wound dry if it becomes wet after bathing or showering by patting it dry with a clean towel.

After your skin clips are removed and the scar is healing well you can rub a small amount of unscented moisturising cream on the scar so it is less dry as it heals. Calendula, Aloe Vera or E45 cream (available from health shops) are effective. The pressure of rubbing the cream in will also help to soften the scar.

What rest do I need?

You will need to take it easy while your neck wound is healing. This means avoiding strenuous activity and heavy lifting for a couple of weeks. Your neck will gradually feel less stiff and you will soon be able to enjoy your normal activities.

What about my medications and tablets?

Please continue to take the medication you have been prescribed and ensure that you have a good supply. If you are unsure about any of the tablets you need to take, please check this with a nurse before you go

home. Repeat prescriptions can be obtained from your GP. When you come for your appointments at the hospital to check your blood levels after your thyroidectomy your medication may need to be altered, so please check with the medical staff.

When should I return to work?

You will probably need to take one to two weeks off work (or sometimes longer) depending on your occupation and the nature of your work. The hospital can issue you with a note for two weeks and then you should see your GP if more time is required.

Will I need to be checked in an outpatient department following discharge home?

Following your discharge you will need to be reviewed in the outpatient clinic to check how your wound is settling down, your hormone levels and how you are feeling. You will usually receive the date and time for this appointment through the post or it may be given to you by the ward staff before you go home. Please contact the ward or the consultant's secretary at the hospital if you do not receive one shortly following discharge. Depending on the problem with your thyroid and the results from the thyroid tissue that has been removed, you may be offered further treatment. This will be discussed with you by your specialist consultant at your clinic appointment. If you would like any further information please do not hesitate to ask the nursing staff.

Will I be able to cope?

Most people, when first told they need to have a thyroidectomy, say they feel all sorts of mixed emotions; while some feel numb, others feel they knew all along that they would need surgery. We are all individuals and cope in different ways and need different lengths of time to adjust to the changes we face.

You do not have to face your treatment on your own.

Support and help is available from the staff.

Together we can help you through your investigations, treatment and recovery.

Useful contacts

The British Thyroid Foundation

PO Box 97, Clifford, Wetherby, West Yorkshire LS23 6XD

Macmillan Information Line 0845 601 6161

Cancerlink Freephone Information Helpline

0800 132905

Asian language line 0171 713 786

Cancer BACUP 0800 800 1234

www.cancerbacup.org.uk

CancerHelp UK

<http://medweb.bham.ac.uk/cancerhelp>

Thyroid Cancer Survivors' Association www.thyca.org

Other useful sites can be found on the [BTA links page](#)
www.british-thyroid-association.org