Thyroid surgery - A Quick Guide

Thyroid surgery should always be performed by an experienced surgeon who regularly performs thyroid operations.

It is used in managing several disorders of the thyroid gland, such as:
- 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
- For diagnosis where doubt exists about the nature of the nodule

Do not hesitate to ask the surgeon any questions that are on your mind, such as the number of operations that they perform, any possible complications, as well as alternatives to surgery.

Types of surgery
- Total (or near total) thyroidectomy (removing all or almost all of the thyroid gland)
- Lobectomy or hemithyroidectomy (removing half the thyroid gland)
- Isthmusectomy (removal of central part of thyroid gland)

The operation
- Pre-operative assessments include thyroid, calcium and other blood tests, and an electrocardiogram (ECG)
- Occasionally other scans such CT scan or chest X-ray
- Your vocal cords may also be checked
- You will be asked to give your informed consent before surgery
- You will have a general anaesthetic
- An incision is made in the crease of your neck
- The incision may be held together with clips, stitches, steristrips or glue
- Small drainage tubes may be placed in the neck for a few days
- You can expect to stay in hospital for one to four days

After the operation
- You will be given a follow-up appointment
- You will have a blood test within six to eight weeks to check thyroid function
- Your scar usually becomes barely noticeable within six-twelve months
- You may develop hypothyroidism (under-active thyroid) and need to take levothyroxine tablets.
- If a total or near-total thyroidectomy has been performed then you will be started on levothyroxine immediately post-operatively.

Are there any possible complications?
- A hoarse voice caused by damage to the nerve that supplies the vocal cords
• Low calcium levels caused by a decreased blood supply or damage to the parathyroid glands. This is usually short-term.
• After total thyroidectomy up to five to ten percent people may have permanent hypoparathyroidism and will need to take a calcium and vitamin D supplement for life
• Hypertrophic or keloid scar (thickened scar)
• If you notice symptoms of hypothyroidism such as tiredness, weight gain, or mood changes you should see your doctor and ask for a blood test

Thyroid problems often run in families and if family members are unwell they should be encouraged to discuss with their own GP whether thyroid testing is warranted.

This Quick Guide is one in a series about thyroid disorders. All Quick Guides are available on the British Thyroid Foundation website.

A leaflet containing more detailed information about Thyroid Surgery is also available.

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The British Thyroid Foundation is a registered charity: England and Wales No 1006391, Scotland SC046037

Endorsed by:
The British Thyroid Association – medical professionals encouraging the highest standards in patient care and research  
www.british-thyroid-association.org

The British Association of Endocrine and Thyroid Surgeons – the representative body of British surgeons who have a specialist interest in surgery of the endocrine glands (thyroid, parathyroid and adrenal)  
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