



# CommunityENT

EAR • NOSE • THROAT • ALLERGY

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## Thyroidectomy Post Operative Instructions

### What does your thyroid do?

Your thyroid is a butterfly shaped gland with 2 lobes located in the neck below your voice box. It produces a hormone called thyroid hormone. This hormone regulates your metabolism which can affect how you feel, your heart rate, your temperature, digestive tract etc.



Thyroidectomies (removal of the thyroid) are performed for a number of reasons including: thyroid cancer, thyroid nodules, thyroid goiter or an overactive thyroid gland.

### What happens during thyroidectomy surgery?

You will be asleep under general anesthesia. The surgeon will make an incision on your neck and expose the thyroid gland. During the procedure the surgeon will clamp off blood supply to the thyroid gland and then either remove the entire gland or only one lobe. If the surgeon only removes one lobe, the lobe may be sent to the

pathologist for immediate analysis. Depending on those results, the surgeon might take out the other lobe. The surgeon will close the incision and typically you will have drain placed on the front of your neck. Depending on your surgeon, you might have sutures that dissolve on their own or require removal. Occasionally surgical staples are used.

In our experience the cosmetic outcome is the same for all closure methods. This surgery requires at least 1 night in the hospital. Occasionally depending on your lab values and how you are doing, you may need to stay more than one night.

### **What are the possible complications of thyroid surgery?**

There are always risks with general anesthesia.

There is a risk of bleeding and wound infection.

There is a risk that the wound will not heal well causing a cosmetic deformity.

The thyroid is right by the trachea(windpipe) if the airway becomes compromised this could require a tracheotomy. This is very rare.

If the thyroid is deep in the chest the lung could be damaged inadvertently causing lung collapse.

There is a risk of hematoma. This is when a large blood clot forms in the surgical cavity after surgery. This can be serious and is one of the reasons you are kept overnight.

There is a nerve that controls your voice and your ability to close your vocal cords when swallowing. This is called the recurrent laryngeal nerve. This nerve runs very close to the thyroid and if injured it can cause temporary or permanent paralysis of the nerve. We tediously dissect out the nerve in an effort to avoid this complication. The paralysis can cause trouble swallowing, choking, aspiration and changes in voice. In rare cases if bilateral paralysis happens, the patient may need a tracheotomy. There are other nerves in this area if injured could cause temporary/permanent changes in the pitch of your voice

Hypocalcemia is a risk of this surgery. You have four parathyroid glands and they sit directly behind the thyroid. These glands are about the size of a seed. The parathyroids control the amount of calcium in your bloodstream. If inadvertently removed, you may end up needing calcium supplement temporarily or permanently. Hypocalcemia can cause numbness, tingling, cramping, heart arrhythmias, mental status changes, spasms of the vocal cords etc. This is another reason you are in the hospital overnight.

If the entire thyroid gland is removed you will require a daily thyroid pill for the rest of your life. If one lobe is removed, there is a 20% chance you will need daily thyroid supplementation.

### **How should I prepare for thyroid surgery?**

You should discontinue any aspirin or anti-inflammatory medications for 7 days prior to the surgery. This will significantly reduce your bleeding risk. If you are on any blood thinners, you will need to consult with the surgeon and the prescribing physician on how to discontinue those medications before surgery.

Prepare to be off work for 7-10 days after your thyroid surgery. Strenuous occupations may require up to 14 days off.

### **What happens after surgery?**

After surgery you will be taken to recovery and admitted for observation overnight. We monitor the output of your drain and depending on the type of thyroid surgery, we might be drawing labs to measure your calcium.

### **What should I do when I get home?**

You should rest and avoid picking up any heavy objects (nothing over 5-10lbs)

You can eat normally. If you start having choking episodes when you eat, you need to call the office.

You will get a prescription for pain medication. If you are taking this medication you cannot drive a car and you may need assistance at home. If you notice you are running low on prescription pain medicine, please call the office and talk to one of our providers to see if a refill is appropriate. You can use Tylenol for pain.

### **When is my follow-up?**

Typically the first follow up appointment is 7-10 days after surgery

### **When should I call the office?**

Call the Office if:

- You develop a fever, have redness, swelling or increasing pain in the neck wound
- You are having difficulty breathing
- You have uncontrollable numbness/tingling around the mouth, spasms in your hand/feet, cramping or you feel your heart is not beating normally