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SLEEP AND SINUS INSTITUTE

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THYROIDECTOMY INFORMATION SHEET

DEFFINITION

Thyroidectomy is a surgical procedure in which all or part of the thyroid gland is removed. The thyroid gland is located in the forward part of the neck (anterior) just under the skin and in front of the Adam's apple.

PURPOSE

All or part of the thyroid gland may be removed to correct a variety of abnormalities of the gland. If the patient has a goiter (an enlargement of the thyroid gland, causing a swelling in the front of the neck), it may cause difficulties with swallowing or breathing. Hyperthyroidism (over functioning of the thyroid gland) produces hypermetabolism (abnormally increased use of oxygen, nutrients, and other materials). If medication cannot adequately treat this condition, or if the patient is a child or pregnant, the thyroid gland may be removed. Both cancerous tumors and noncancerous tumors (frequently called nodules) can occur and they may require removal.

PRECAUTIONS

There are definite risks associated with the procedure. Therefore, the thyroid gland should be removed only if there is a pressing reason or medical condition that requires it.

PREPARATION

Before a thyroidectomy is performed, a variety of tests and studies are usually required to determine the nature of the thyroid disease. Laboratory analysis of blood determines the levels of active thyroid hormone circulating in the body. Sonograms and computed tomography scans (CT scans) help to determine the size of the thyroid gland and location of abnormalities. A thyroid nuclear medicine scan assesses the function of the gland. A needle biopsy of an abnormality or aspiration (removal by suction) of fluid from the thyroid gland may also be done to help determine the diagnosis.

If the diagnosis is hyperthyroidism, the patient may be asked to take anti-thyroid medication or iodides before the operation; or continued treatment with anti-thyroid drugs may be the treatment of choice. Otherwise, no special procedures must be followed prior to the operation with the exception of avoiding Aspirin products.

AFTERCARE

The incision requires little to no care after the dressing is removed. The area may be bathed gently with a mild soap. The sutures or the metal clips are removed seven to ten days after the operation, unless they are absorbable. If you have steri-strips on your incision, they will fall off by themselves. DO NOT PULL THEM OFF. You may trim the rolled off edges with manicure scissors if they become annoying.

Take your prescribed pain medications as needed. Please try not to become concerned about becoming addicted because you will need the medication for such a short period of time. If you are in pain, take the medication ordered by the physician. The pain medication may cause drowsiness so do not drive, operate machinery, or anything else that may cause harm to you or others. DO NOT drink alcoholic beverages while taking you pain medication.

RISKS

As with all operations, patients who are obese, smoke, or have poor nutrition are at greater risk for developing complications related to the general anesthetic itself.
Hoarseness or voice loss may develop if the recurrent laryngeal nerve was injured during the operation. This is more apt to occur in patients who have large goiters of cancerous tumors.

HYPOPARATHYROIDISM (under-functioning of the parathyroid glands) can occur if the parathyroid glands are injured or removed at the time of the thyroidectomy. Signs of low calcium (hypocalcemia) which you may experience include tingling in your fingers or around your lips. Notify your doctor immediately. While Calcium is important for your bones, it is also critical for your heat.

HYPOTHYROIDISM (under-functioning of the thyroid gland) can occur if all or nearly all of the thyroid gland is removed. This may be intentional when the diagnosis is cancer. Hypothyroid patients will require hormone replacement, usually in the form of a daily pill for life.
The neck and the area surrounding the thyroid gland have a rich supply of blood vessels. Bleeding in the area of the operation may occur and be difficult to control or stop. Rarely is a blood transfusion required, although hematoma (collection of blood) may develop. If this occurs, it may be life threatening. As the hematoma enlarges, it may obstruct the airway and cause the patient to stop breathing. If a hematoma does develop in the neck, it may require drainage to clear the airway. Hematomas may be prevented through the use of a temporary drain which is emptied every shift by nursing staff and is removed approximately 1-3 days following surgery.

Wound infections can occur. If they do, additional antibiotics may be required.

NORMAL RESULTS

Most patients are discharged from the hospital on to four days after the procedure. Most resume their normal activities two weeks after the operation. Patients who have cancer may require subsequent treatment by an oncologist or an endocrinologist.

Information obtained from http://www.healthatoz.com Sept 2006