

# Patient Information Sheet

## Thyroidectomy



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*A thyroidectomy may be recommended for conditions such as:*

**Thyroid cancer** – Cancer is the most common reason for thyroidectomy. If you have thyroid cancer, removing most, if not all, of your thyroid will likely be a treatment option.

**Noncancerous enlargement of the thyroid (goitre)** – Removing all or part of your thyroid gland is an option if you have a large goitre that is uncomfortable or causes difficulty breathing or swallowing, or in some cases, if the goitre is causing hyperthyroidism.

**Overactive thyroid (hyperthyroidism)** – Hyperthyroidism is a condition in which your thyroid gland produces too much of the hormone thyroxine. If you have problems with anti-thyroid drugs and don't want radioactive iodine therapy, thyroidectomy may be an option.

### Risks

Thyroidectomy is generally a safe procedure. But as with any surgery, thyroidectomy carries a risk of complications.

### Potential complications include:

- » Bleeding
- » Airway obstruction caused by bleeding - 0.1% chance
- » Permanent hoarse or weak voice due to nerve damage - 1% chance
- » Damage to the four small glands located behind your thyroid (parathyroid glands), which can lead to hypoparathyroidism, resulting in abnormally low calcium levels in your blood and bones and an increased amount of phosphorus in your blood – 1% chance

### How you prepare

If you have hyperthyroidism your doctor may prescribe you medication such as an iodine and potassium solution to regulate your thyroid function and decrease the risk of bleeding.

You may need to avoid eating and drinking for a certain period of time before surgery to avoid anaesthesia complications. Your doctor will provide specific instructions.

### What can you expect during Thyroidectomy

Surgeons perform thyroidectomy under general anaesthesia, so you're unconscious during the procedure. The anaesthetist gives you an anaesthetic medication as a gas – to breathe through a mask – or injects a liquid medication into a vein.

The surgical team places several monitors on your body to help make sure that your heart rate, blood pressure and blood oxygen remain at safe levels throughout the procedure. These monitors include a blood pressure cuff on your arm and heart monitor leads attached to your chest.

Once you're unconscious, the surgeon makes a small incision in the front of your neck and all or part of the thyroid gland is removed, depending on the reason for the surgery. If you're having thyroidectomy as a result of thyroid cancer, the surgeon may also examine and remove lymph nodes around your thyroid. Thyroidectomy usually takes 2-3 hours.

## After Thyroidectomy

After surgery you're moved to a recovery room where the health care team monitors you for complications from the surgery and anaesthesia. Once you're fully conscious, you'll be moved to a hospital room.

You'll be able to eat and drink as usual after surgery. Your throat may be sore and your voice hoarse. Most people who have thyroidectomies remain in hospital for about 48 hours. When you go home, you can usually return to your regular activities, often within a few weeks. Talk to your doctor about specific activity restrictions.

## Results

After a thyroidectomy, you may experience neck pain and a hoarse or weak voice.

This doesn't necessarily mean there's permanent damage to the nerve that controls your vocal cords. These symptoms are often temporary and may be due to irritation from the breathing tube (endotracheal tube) that's inserted into your windpipe (trachea) during surgery, or as a result of nerve irritation – but not permanent damage – caused by the surgery.

The long term effects of thyroidectomy depend on how much of the thyroid is removed. If only part of your thyroid is removed, the remaining portion typically takes over the function of the entire thyroid gland and you don't need thyroid hormone therapy.

If your entire thyroid is removed, your body can't make thyroid hormone and you'll develop signs and symptoms of underactive thyroid (hypothyroidism). As a result, you'll need to take a pill every day that contains the thyroid hormone thyroxine (levothyroxine).

This hormone replacement is identical to the hormone normally made by your thyroid gland and performs all of the same functions.

Your doctor will determine the amount of thyroid hormone replacement you need based on blood tests.