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Patient information

# Thyroidectomy

Endocrine Surgery Directorate

## **What does the thyroid do?**

The thyroid gland is a butterfly shaped organ in the front of the neck and wraps around the windpipe. It has many functions including controlling your metabolic rate. It produces two main hormones thyroxine (T4) and Triiodothyronine (T3). These hormones are essential for the body to function normally. While you can live without a thyroid you must take replacement hormones usually levothyroxine lifelong if you have had your whole thyroid removed or your blood tests show you need thyroxine.

## **What is a thyroidectomy?**

A thyroidectomy is an operation to remove part (isthmusectomy or lobectomy/ hemithyroidectomy) or all of the thyroid gland (total or near total thyroidectomy).

## **Why do I need a thyroidectomy?**

The thyroid can need to be removed for several different reasons.

### **These can include**

- 1) Large thyroid causing swallowing or breathing difficulty due to pressure on the windpipe or gullet.
- 2) Thyroid nodule with abnormal cells on needle biopsy.
- 3) Thyroid cancer (rare)
- 4) Suspicion of thyroid cancer.
- 5) Overactive thyroid gland (Graves disease, thyrotoxicosis, hyperthyroidism) especially if this is your second time with the illness or other treatments have not worked, or are not possible.
- 6) Recurring thyroid cyst.

## **What will happen if I don't have surgery?**

This depends on the reason surgery has been advised, and your consultant will discuss the alternatives with you as appropriate.

## **What preparation will I need for surgery?**

This again depends on the reason for surgery. If surgery is to treat an overactive thyroid gland you will need to have your thyroid levels corrected with medication prior to the operation.

All patients for surgery will attend a pre-operative assessment that can take most of the morning or the afternoon. This is performed by a specialist team and your fitness for an anaesthetic will be assessed with routine questions about your health, known allergies, medication and a physical examination. You may then have some tests including blood tests, a heart trace, chest X-ray and breathing studies.

If you have not already had an assessment of your voice box before in clinic, this will be done at the pre-op. This will involve a quick camera test that does not need any preparation.

You will also be given instructions on eating and drinking before the operation and what medication to miss before the operation. You will be able to re-discuss the operation with the surgical team and go through the consent forms to ensure that you understand the procedure and the risks.

## **What are the risks of having a thyroidectomy?**

**Hoarse voice/change in your voice** –there is a small risk of damage or bruising to the nerve supply to the voice box, which can cause a change in the strength or tone of your speaking or singing voice.

This is usually due to bruising and will recover over time, but can be permanent (1 in 100 cases) and if this happens, you will be referred to see a speech and language specialist for treatment and support. The nerve is identified and protected if possible during the operation. If there is any change in your voice you will have a voice box check (as described previously) to assess whether there is any nerve injury.

**Infection** –this can occur in any surgical wound but is not common in thyroidectomy wounds, but would cause redness and pain around your scar and can increase the time it takes to heal. You may need antibiotics if this happens.

**Bleeding / bruising** –It is possible to have some minor bruising around your wound after surgery, but occasionally (less than 1 in 100 cases) excessive bleeding may cause a swelling in your neck and you may need to go back to theatre to stop the bleeding under anaesthetic. In the unlikely event that this does happen, it would generally be within the first 24 hours.

**Scar** – you will have a scar of approximately six6cms but this can be bigger or smaller depending on size of your thyroid. The scar will look red to start with but will fade over the next two to three months. Some people are prone to developing a 'keloid' or 'hypertrophic' scar (raised and coloured) due to their skin type; it is unpredictable before surgery but may be treated at a later date. You will need to protect your scar from direct sunlight: it is advisable to use total sun block for at least the first three months.

**Seroma-** Swelling of the wound which develops gradually in the first two weeks after your operation can be due to simple fluid (a seroma). A small amount of fluid can build up under the wound in the first 24 hours and to allow this to drain away a small tube called a drain is sometimes placed at the time of surgery, which will be removed before you go home from hospital. If you develop a swelling later on, you need to contact the ward, as it may need to be drained with a needle.

## **Replacement therapy:**

**Levothyroxine**– If you have a total thyroidectomy, you will need thyroxine supplements for the rest of your life after the operation. If you only have part of your thyroid removed there is a 15-20% chance of needing thyroxine supplements in the longterm, and the need for this will be monitored with blood tests.

**If you miss your thyroxine tablets you must take them as soon as you remember, as your body needs the thyroxine and you can become seriously ill without it.**

## **Calcium/Vitamin D Supplements**

You may require calcium or vitamin D supplements after the operation if the small glands (parathyroid glands) near your thyroid are bruised, unavoidably damaged or if they are removed with the thyroid. If this happens you may notice pins and needles/tingling in your fingers or around your mouth after your operation, and you will need a blood test done to check the calcium levels. In a small proportion of patients you may need calcium tablets for the rest of your life (2-5%).

**Breathing problems** – damage or bruising to both nerves supplying the voice box is extremely rare (less than 1 in 1000 patients) but if this happens it may be necessary to put an artificial opening and small tube in the windpipe through the front of the neck (tracheostomy) to enable breathing.

**Deep vein thrombosis (DVT)** – there is a small risk after longer surgery that a blood clot in the leg veins may occur due to immobility.

It is very important to move your legs while in bed and to get up and about as soon as possible. You will need to wear some special stockings for six weeks after your surgery and whilst you are in hospital you will be given a small injection daily to assist with keeping your blood thin.

**Neck stiffness** – you should move your head within your limits to prevent stiffness. You will be given an exercise leaflet to show you some simple exercises you can do.

**Need for further surgery** – depending on the results after removal of one part of your thyroid, it may be necessary to offer removal of the remainder of the gland and your surgeon will talk to you about this if necessary at your post-operative clinic appointment.

**There may also be risks or complications relevant to your particular case, the surgeon will discuss these with you before surgery and you can bring up any concerns you might have.**

**What sort of anaesthetic will be given to me?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always gives it. You will meet your anaesthetist on the morning of surgery unless you require a specialist anaesthetic opinion when you may meet them before the decision to operate is made.

General anaesthetics are usually very safe but sometimes general anaesthetics can cause side effects and these can include nausea and vomiting. There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

For more information please ask for a copy of the leaflet “you and your anaesthetic” (PIF 344).

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

## **The day of your operation**

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 am and 4.30 pm Monday to Friday. If you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told whether to take this on the morning of surgery, at the pre-operative assessment.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.

- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff and a member of your surgical team will check your details with you

### **What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.
- It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- You may have a drip in your hand or arm with some fluids running through it.
- The nursing staff will also advise you when you can start taking sips of water. If you feel sick please tell the nursing staff who can give you an injection to help this sick feeling go away.
- Blood tests may be repeated before you leave the ward to check calcium levels.
- Replacement therapy (tablets) will be discussed with you before discharge if necessary.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.



## **Discharge**

You will be discharged home when the doctor is happy with you, this will usually be around lunchtime the next day.

You will be given pain killers to take home. Please tell the nurses what painkilling tablets you have at home.

Please ensure your wound is kept clean and dry. Avoid the use of make up and perfumed creams.

You will have a stitch to your wound, which will be removed in clinic on the Thursday two weeks after your surgery.

## **Getting back to normal**

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days afterwards.

## **Returning to work**

If you need a sick note please ask for this before discharge. This is normally for two weeks but may depend on your occupation.

## **Follow Up Appointment**

You will be given an appointment to attend clinic on the Thursday two weeks after your surgery. You will need to have blood tests taken two days before your clinic appointment.

## **Patient notes:**

## **Further information**

### **Contact details**

**Consultant Endocrine Surgeons:**

**Miss S Shore**

**Miss AJ Waghorn**

**Secretary:**

**Shirley Cottenden**

**Tel: 0151 706 3412**

**Text phone Number: 18001 0151 706 3412**

**Specialist Endocrine Surgery Nurse:**

**Rachael Ireland**

**Tel: 0151 706 5107**

**Text phone Number: 18001 0151 706 5107**

**British Thyroid foundation (BTF):**

**[www.btf-thyroid.org](http://www.btf-thyroid.org)**

**British Association of Endocrine and Thyroid Surgeons (BAETS): [www.baets.org.uk](http://www.baets.org.uk)**

**Butterfly Thyroid Cancer Trust:**

**[www.butterfly.org.uk/](http://www.butterfly.org.uk/)**

**British Thyroid Association:**

**[www.british-thyroid-association.org/](http://www.british-thyroid-association.org/)**

**Department of Endocrine Surgery  
Royal Liverpool University Hospital**

# Author: Endocrine Surgery

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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