

SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

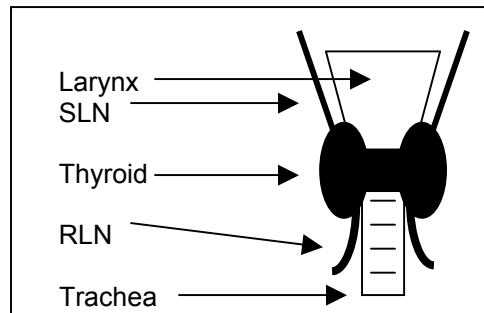
3555 South Culpepper Circle
Springfield, Missouri 65804
(417) 887- 3855 / www.springfieldent.com

INSTRUCTIONS AND INFORMATION FOR THYROIDECTOMY

PLEASE, DO NOT TAKE IBUPROFEN, MOTRIN, ASPIRIN, ADVIL, NUPRIN, ALKA-SELZER, OR OTHER NON-TYLENOL CONTAINING MEDICATION FOR TWO WEEKS BEFORE SURGERY. IT WILL INCREASE THE RISK OF BLEEDING!!!

The thyroid gland

This small gland produces thyroid hormone, which controls metabolism. It is located in front of the trachea (windpipe) and larynx (voicebox). Located behind it are the very small parathyroid glands, which control the level of calcium in the blood. The nerves to the larynx and vocal cords ("SLN" & "RLN") run behind the thyroid gland.



Reasons for surgery

- Removal of a growth or nodule on the thyroid gland because it may be cancerous or because it is definitely known to be cancerous.
- Removal of an enlarged thyroid gland because it is compressing nearby structures or causing cosmetic, voice, swallowing, or other problems.
- Removal of part or all of the thyroid gland because of *hyperthyroidism* (too much thyroid hormone) that has not responded to treatment with medicine or radioactive iodine.

What to expect with surgery

- **Incision** - The incision is placed in the front of the lower neck, about 1 -2 inches above the breastbone. It runs horizontally (side to side) and is about 3 - 4 inches in length. It runs in the same direction as the normal skin creases of the neck and may be put in one of these creases to help camouflage it.
- **Anesthesia** - Performed under general anesthesia (patient asleep).
- **Hospital stay** - Patients normally remain overnight if part of the thyroid is removed (one side, for example). If the whole side is removed or if the rest of the remaining thyroid is removed (if part was removed in the past) patients stay several days to make sure calcium levels remain normal and that the parathyroid glands function normally.
- **Drain** - Usually, a small drainage tube is placed to drain any blood or fluid that collects in the wound.
- **Pain** - Mild to moderate amount along with neck stiffness upon turning the neck.

Typical sequence of events

- **Surgery** - Will have been recommended during a regular office visit.
- **Scheduling of surgery** - Our office will telephone you to arrange a surgery date that is convenient for you.
- **Preoperative visit** - you will have a physical examination, the surgery plans will be discussed, and you will receive paperwork to process at the hospital.
- **Preoperative medical clearance** - we may need your Internist or Family Physician to evaluate you before anesthesia and to make any recommendations about your care.
- **Outpatient surgery visit**

- Process paperwork, have any lab tests, X-Rays, etc., done prior to surgery date.
- Typically requires several hours.
- The anesthesiologist shall discuss anesthesia plans with you.
- **Surgery & hospital stay**
 - Surgery normally lasts about 2 -3 hours for removal of half of the thyroid gland - longer if the whole thyroid is removed.
 - Spend the night in the hospital for removal of part of they thyroid. If all of the thyroid is removed, the calcium level in your blood will be checked for 2 - 3 days.
 - You will need someone to drive you home after leaving the hospital.
- **Follow-up appointments** - We shall normally see you back in the office about 1 week after surgery. Other appointments shall then be scheduled as necessary.

Risks and complications

Although thyroidectomy is relatively safe surgery, all operative procedures involve a certain amount of risk such as infection, bleeding, anesthesia reactions or even death. Complications are unusual but a partial list of the more common ones include:

- **Anesthesia** - Adverse reaction to anesthetic agents and other medications.
- **Bleeding** - A small amount is normal after surgery and drain tubes placed under the skin at the time of surgery (usually removed the next day) normally prevent a collection of fluid ("seroma") or of blood ("hematoma"). Subsequent drainage of fluid might be necessary in our office or in the operating room.
- **Infection** - suggested by fever, redness, increasing pain, or pus-like discharge.
- **Nerve injury** - to the recurrent laryngeal nerves (RLN) or superior laryngeal nerves (SLN) which could cause temporary or permanent voice change or hoarseness. See illustration.
- **Parathyroid glands** - injury to these glands could cause temporary or permanent decreased levels of calcium requiring treatment with calcium and / or medicine.
- **Scarring** - Unfavorable healing of incisions may occur.
- **Neck structures** - there are many important blood vessels, nerves, voice / airway, swallowing, and other structures all located in the neck. *Although unlikely*, there is the risk of injury to these structures and even to nearby structures in the chest.

What to expect after surgery

- **Pain** - generally well controlled with pain medication.
- **Swelling and bruising** - normal after surgery. Elevating the head and neck reduces this.
- **Activity** - no driving for 2 weeks since it is uncomfortable to turn your head after surgery. Do not drive while taking narcotic pain medication. Avoid heavy lifting for 2 - 3 weeks.
- **Work** - Plan on being at home 1 - 2 weeks, depending on your type of work.
- **Diet** - normal; no restrictions.
- **Incision care** - keep incision dry 24 hours after surgery / drain removed. Apply antibiotic ointment 4 times daily to incision for 10 days. Clean crusting with Q - tip and peroxide.

Thank you again for the opportunity to participate in your health care! Please let us know if we can answer any further questions or how we may make your surgical experience more pleasant!

Springfield ENT & Facial Plastic Surgery