

THYROIDECTOMY

GENERAL INFORMATION

The thyroid gland is located in the neck on either side of the trachea. It produces thyroid hormone which regulates your metabolism. Benign and malignant growths or nodules can occur in the thyroid gland.

DIAGNOSIS

- Your doctor will examine you clinically.
- Blood tests will usually be done to indicate whether your thyroid is over-active or under-active.
- An ultrasound may be done.
- An isotope scan or a CT scan may help with the diagnosis.
- Your doctor may decide to put a needle into the thyroid for diagnosis or to aspirate a cyst.

TREATMENT

Your doctor will discuss with you what he thinks the cause of your thyroid enlargement or nodule is and whether it is benign or malignant. An operation on your thyroid gland is necessary. A part or the whole of your thyroid gland needs to be removed and this will be discussed with you.

OPERATION

You will be asleep for the operation.
A cosmetic side to side incision will be made in the lower part of your neck.
The operation usually takes about 2 hours.

POST-OPERATIVE CARE

You will be taken to a recovery room and observed. When your blood pressure, pulse and breathing are stable you will be taken to your regular hospital bed. There will be some discomfort but it is usually not too bad with this operation.

HOME CARE

- You will be discharged after 2 or 3 days and will be advised when the stitches need to be removed.
- You may eat as you wish.
- Your doctor will decide whether you need to take hormone replacement after your operation.
- Return to work will be discussed with you.

COMPLICATIONS

- Complications do occasionally occur after a thyroidectomy and you must be aware of the following possible problems.
- Bleeding into the neck after a thyroidectomy is always possible. If this occurs your doctor will return you urgently to the operating theatre for evacuation and control of this bleeding.
- Very important nerves which supply the vocal cords are located next to the thyroid gland. It is possible for one or more of these nerves to be injured during this operation. This may lead to hoarseness and other problems with your voice. In very rare situations a tracheostomy may need to be done.
- Occasionally problems with the blood level of calcium may occur. This is usually temporary. There are ways to treat this problem.
- Deep venous thrombosis and pulmonary embolism are rare but can occur after any operation.

pil-thyroidectomy.doc/ver 1 /8 December 2002