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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Thyroidectomy (Total/ Partial/ Completion)

Ear Nose and Throat Speciality

Your consultant has advised that you have a thyroidectomy.

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 thyroidectomy?

Thyroidectomy is an operation to remove part or all of the thyroid gland. You will need to be in hospital for one to two days.

An incision is made in the neck along the natural skin crease lines, which heals very well. The thyroid is isolated and removed; care is taken to prevent injury to nerves and the parathyroid glands.

A drain (straw like tube) may be placed to prevent blood collecting below the skin. If a drain is used it is usually removed the next day before you can go home. (*)

What are the benefits of having thyroidectomy? (*)

Thyroidectomy will remove a growth or tumour or an overactive gland which may be causing symptoms or for simple enlargement of the gland for cosmetic reasons or because it is causing breathing problems.

What are the risks of having thyroidectomy?

- **Hoarse voice** - Nerves that control your voice box run very close to the thyroid. There is a slight risk (less than 2%) of injury to this nerve, leading to hoarseness. This is usually a temporary effect with a rapid resolution. (*) This nerve supply will be identified and protected if possible during the operation.
- **Infection** - This is rare (less than 0.5%) and easily treated with antibiotics (*). However, this is a problem that can occur to all wounds and can increase the time it takes to heal. You will need antibiotics from your family doctor (GP) if this happens.

- **Bleeding / bruising** - a drain from your wound will help to reduce this but some bruising around the face and neck region is unavoidable. You will be sat up in bed on return to the ward to reduce the risk of this. Any excessive bleeding may require blood transfusion although this is rarely necessary. Blood can accumulate beneath the skin. This occurs in less than 1% of patients. Due to the location of the thyroid pressure from bleeding can cause breathing difficulties. It may be necessary to relieve this pressure by opening the wound. (*)
- **Recurrence** - if the problem is due to tumour there is a chance of recurrence at a later date.
- **Scar** - you will have a scar, this will look red but will fade over the next two to three months, and after one month you should massage a small amount of moisturising cream into it two to three times a day, which will assist healing.

Some people produce a Keloid scar (raised /highly coloured) this is due to their skin type, it is unpredictable before surgery but may be treatable at a later date.

You will need to protect your scar from direct sunlight; it is advisable to use a total sun block.

- **Replacement therapy** - some patients will need to take thyroxine and/or calcium replacement tablets for the rest of their life. This is due to the removal of the entire gland and these are necessary for our bodies to function properly. (*)
- **Breathing problems** - damage or bruising to both nerves supplying the voice box is rare but if this happens it may be necessary to put a hole in the windpipe (tracheostomy) to enable breathing.
- **Deep vein thrombosis (DVT)** - there is a small risk after longer surgery that DVT can 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. If you are considered to be at risk special stockings will be given to you to wear and you may be prescribed some medication to thin your blood.
- **Neck stiffness** - you should move your head within your limits to prevent neck stiffness.

Are there any alternative treatments available?

If there is a suspicion of cancer then there is no alternative treatment.

If the thyroid is over active medication can be prescribed +/- radioactive iodine; this is given as a drink.

What will happen if I decide not to have treatment?

If the thyroid is enlarged and not causing problems with breathing/swallowing the doctor may advise that you are reviewed on a regular basis.

There may also be risks or complications relevant to your particular case, the surgeon will discuss these implications with you before surgery

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

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 provides it.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery. 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.

Getting ready for your operation

- You will usually be seen in the pre-assessment clinic before you are admitted to hospital. Here you may have blood tests, or heart trace. You will be assessed to see if you are fit for an anaesthetic.
- The nurse practitioner will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.
- An ENT doctor will check your larynx (voice box) to ensure that it is healthy and functioning normally before your operation.

The day of your operation

- You will come into hospital on the day of your operation.
- Please bring with you an overnight bag.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- 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 and 4.30 Monday to Friday. Therefore, 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.
- You will be asked to remove jewellery: band rings will be taped.
- Please leave body piercings at home, false nails and nail varnish will need to be removed if worn.

- Please do not wear makeup.
- If you are on regular medication you will be advised as to whether you should take it.
- You will be asked put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid, they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are wake they can then be put back in place.
- When you arrive in the waiting area, a theatre nurse will check your details with you: you will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, breathing and wound regularly.
- You may have a drip in your hand or arm with some fluids running through.
- If you feel any pain it is important that you tell the nursing staff, they will give you painkillers to help.
- You may have a drain in your neck: this is to take away excess fluid/blood from your wound. To assist with drainage you will be asked to lie in an upright position. The drain will be removed at the direction of the doctor before you are discharged.
- You may experience some neck stiffness, this will resolve as the swelling in your neck reduces. Try to move your neck gently rather than keeping it still, this will reduce stiffness.
- The nursing staff will advise you when to start taking sips of water. Anaesthetic drugs can sometimes make you feel sick, it is best to wait until this feeling passed before you start to drink. The nursing staff may offer you an injection to take the sick feeling away.
- Blood tests may be repeated before you leave the ward to check thyroid levels and calcium levels. Replacement therapy (tablets) will be discussed with you before discharge if necessary.
- Your voice box (larynx) will be checked again post operatively in clinic to ensure that it is functioning well.

The first time you get out of bed please ask a nurse to accompany you, as you may feel dizzy.

Going Home

Your doctor will discharge you when your drain is removed. If you have a venflon (plastic tube) in your arm/hand, this will be taken out before you go home.

- Do not smoke for at least two weeks after your operation, as this will affect the healing process.
- Avoid strenuous activity and heavy lifting for a few weeks.

Discharge Information

Pain relief and medication

The nursing staff will organise any necessary medication that has been prescribed for you to take home. It is important that you take these as directed: any repeat prescriptions can be obtained from your GP.

Getting back to normal

It is normal to feel more tired than usual for up to a week after your operation, if you are a parent or a carer you will need some support during this time. It is important that you eat and drink normally.

Your wound

Ensure your wound site is kept clean and dry. Avoid the use of makeup and perfumed creams.

Different surgeons have differing preferences to wound closure materials. You will be advised to go to your practice nurse for removal of your stitches five to seven days after your operation if necessary. If this is not possible a district nurse will be organised.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For any further fit notes you will need to go to your GP.

Further Appointments

An outpatient appointment will be arranged and sent out to you.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Patient Notes

Further Information

If you have any further questions, or need further information, please contact:

ENT Nurse Practitioners:

Helene Bryant / Sue Bragan/ Christine Burton

Tel: 0151 706 2290

Text phone number: 18001 0151 706 2290

Useful contact:

The British Thyroid Foundation

PO Box 97

Clifford

Weatherby

West Yorkshire LS23 6XD

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www.entuk.org

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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