



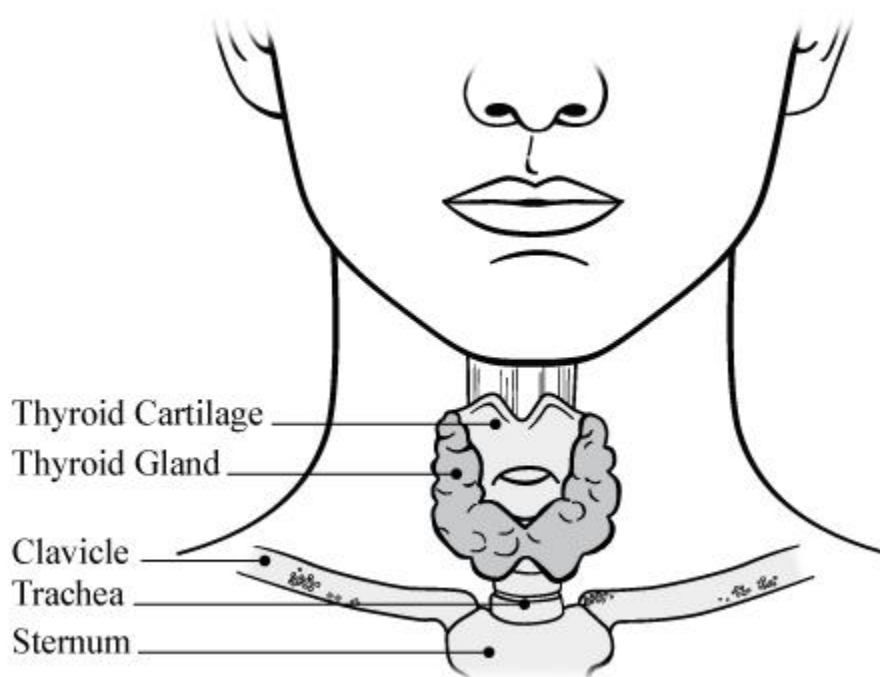
Thyroid Surgery

UHN

An Educational Booklet for Patients

Going through surgery can be a challenging time for you and your family. This booklet can help you learn more about your thyroid surgery. A better understanding of your surgery may give you a sense of control and help you work with your health care team to choose the best care for you.

Your Thyroid Gland



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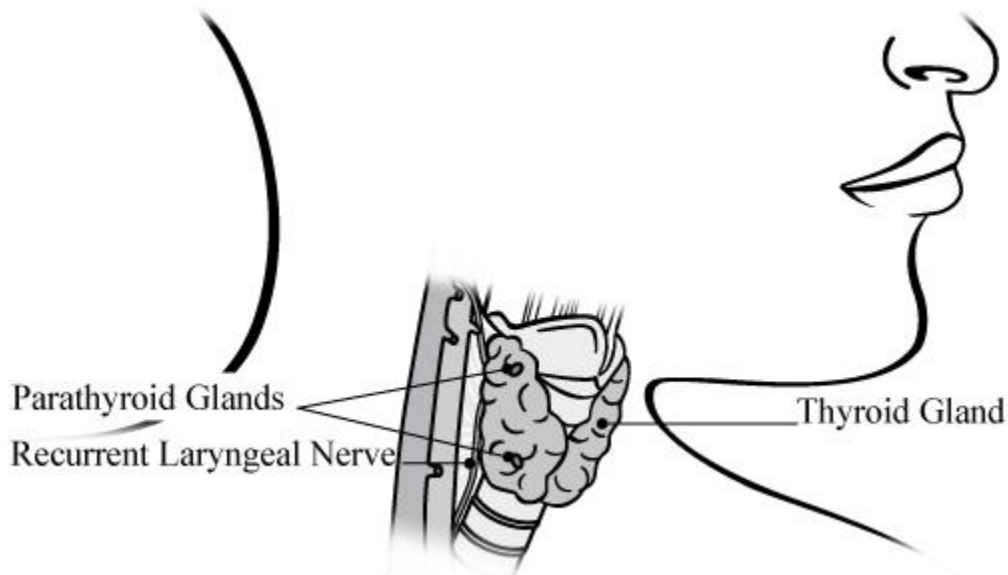
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Your thyroid gland is a small butterfly-shaped gland at the bottom of your neck. It has two sides or lobes. These lobes are connected by a narrow neck (called an *isthmus*). Each lobe is normally about 4 cm long and 1 to 2 cm wide.

What does your thyroid gland do?

The thyroid gland produces thyroid hormones that are very important to your health. These hormones help control your:

- Heart rate
- Sweat glands
- Body weight
- Metabolism (how much energy your body can make from food)
- Temperature
- Nervous and reproductive systems
- Digestion



Types of Thyroid Disease

According to the Thyroid Foundation of Canada, thyroid diseases affect about 1 in 20 people and are 5 to 7 times more common in women.

Thyroid nodules (means swelling in the thyroid gland that is limited to a small area). They are common and treatable, but should always be looked at because a small number of them are cancerous. Surgery may be needed to make sure of the diagnosis.

Thyroid cancer, although uncommon, can in the majority of cases be successfully treated. There are different types of thyroid cancer but the most common is known as papillary. The next most common is follicular. There are also uncommon types affecting the thyroid such as lymphoma, medullary cancer and anaplastic cancer.

When is thyroid surgery or thyroidectomy needed?

A thyroidectomy is an operation that removes one or both of your thyroid lobes.

- A thyroidectomy is used to treat thyroid problems if:
- Thyroid cancer is found or is suspected.
- A noncancerous (benign) nodule is large enough to cause problems with breathing or swallowing.
- A fluid-filled (cystic) nodule returns after being drained once or twice before.
- Hyperthyroidism (too much thyroid hormone) that cannot be treated with medications or radioactive iodine, or hyperthyroidism in pregnancy. Most types of thyroid surgery are done in a similar way, with the major difference being the amount of thyroid tissue that is removed. Your surgeon will recommend the procedure to best suit you.



The most common types of thyroid cancer surgery are:

- **Lobectomy** (removing one thyroid lobe)
- **Near-total thyroidectomy** (removing the entire thyroid gland except for small parts of tissue around parathyroid glands)
- **Total thyroidectomy** (removing the entire thyroid gland)

If the cancer has spread beyond the thyroid gland, your lymph nodes and other structures in your neck may also need to be removed.

The most common test to find out whether you need a thyroidectomy includes:

- A fine needle aspiration biopsy,
- Thyroid ultrasound,
- X-rays and CT scans,
- Radioactive thyroid scans,
- And taking blood samples to check your thyroid hormone levels.

Based on the results of these tests and by looking at your history, your family doctor may refer you to see a thyroid specialist to see whether surgery is right and might help your situation.

The operation is done under general anesthesia. During the operation, an incision (cut) is made in the lower neck along the collar line. The length of the incision will depend on the size of the nodule, the size and shape of your neck, and your doctor's preferences. In general, thyroidectomy incisions are between 5 to 10 centimeters long.

What happens before your surgery?

You will have an appointment in the pre-admission department. This is a chance for you to ask questions and an important visit to prepare you for your surgery.

This is what happens during your pre-admission appointment:



We will usually test your blood, do an ECG (electrocardiogram) and take a chest x-ray to prepare you for the surgery.

You will meet with the preadmission nurse who goes over information about the surgery.

An anesthetist, and/or a medical doctor may also assess you during this appointment.

Special instructions before surgery

Stop using ASPIRIN or medications that have Aspirin in them for 7 days before your surgery.

Stop using Herbal Remedies or homeopathic medications for 7 days before your surgery.

Do NOT eat anything after midnight the night before your surgery. Do not chew or suck on candies either. Your stomach must be empty of food when you go for your surgery.

You may have a sip of water or clear fluids up to 5 hours before your surgery. Then do not drink anything within 5 hours of your surgery.

Clear fluids are:

Water

Apple juice

Cranberry juice

Clear broth

Plain Jell-O

Clear soda (e.g. ginger ale, 7-Up)

Do NOT drink coffee, black coffee or tea, milk or milk products, or orange juice.

Take all your usual medications unless your doctor told you otherwise.

If you have been told by the anesthetist to take a medicine



on the morning of surgery, take it at home with a sip of water.

Follow all special instructions explained to you during your pre-admission visit.

Your surgery could be cancelled if you do not follow the instructions. Please call your doctor if you have questions.

What to do the morning of your surgery

- Come to the hospital **2 hours** before your scheduled surgery time.
- We will prepare you for surgery. We will give you an intravenous (IV). This is a small needle that we put in a vein in your arm. We use it to give one or all of the following:
 - Fluids
 - Antibiotics
 - Pain medication

What can you expect after surgery?

You will wake up in the Patient Anesthetic Care Unit (PACU) or Recovery Room where you will spend about 30 minutes to an hour, or until you are fully awake and stable to go to your room.

From PACU, we will take you to 6B West - the Head and Neck Surgical In-Patient Unit or 18B if you are at Princess Margaret Hospital.

Depending on your doctor's preferences, your incision will be closed using dissolvable stitches or glued together. Sometimes your doctor will put a thin tape strip called a steri-strip directly over the incision to keep it closed.

Sometimes, a drain tube called a Hemovac or JP is put inside the neck near your incision to remove any extra fluid that may build up underneath your skin. We usually take it out in 1-2 days after your surgery. If you have a drain in place, please do not pull on it or try to empty the attached plastic bulbs.



An intravenous (IV) is a special needle put into a vein of your arm or hand. It is attached to tubing and a bag hanging from a pole. We use your IV to give you fluid and medication during and after your surgery. We usually take the IV out as soon as you can start eating and drinking well.

Depending on the type of surgery you had, you may have a lot of swelling around your neck. This swelling begins to go down slowly during the first week after surgery and continues to go down up to 6 weeks after surgery. Your nurse will give you antibiotics, painkillers, and medications for nausea and vomiting. If there are no problems, you will also receive your usual home medications.

How will you feel after the surgery?

It is normal to feel some pain after surgery. Please tell us if you are feeling pain. Everyone is different. Your health care team will help you decide what works best for you. Remember that you are the expert on how well your pain is being controlled. Together, we will make sure that you have as little pain as possible. And we will make sure you have as few side effects as possible from the pain medicine.

How long will you stay in the hospital?

Depending on your surgery, you may need to stay in the hospital between 1-3 days or longer if you have complications after surgery.

How to take care of yourself when you go home

Eating

You may eat what you normally eat. Your throat may feel sore after the surgery. Eat soft foods and drink plenty of water for 24 to 48 hours after surgery.



Do not drink alcohol for 48 hours after surgery or until you have stopped taking your prescription pain medication.

Activity

Do your normal activities again when you feel ready. The amount of time it takes to return to normal is different for each person. Your recovery depends on many things:

- How sick you were before surgery
- How old you are
- How active you were before surgery, and
- What type of thyroid surgery you had

You may slowly do activities again. No heavy lifting for at least 1 week (no more than 5 kg or 10 lbs).

Do NOT drive a car or use machinery/ power tools for 72 hours after surgery or while you are taking prescription pain medication or you can turn your head to see your car side view mirrors.

As you are recovering, you might get tired easily. Listen to your body and don't do more than you can handle.

Bathing

You may bathe, shower or wash your hair 24 hours after your operation. Please use a mild soap like Ivory or Glycerin soap for about 1 week and use baby shampoo as well. You do not need to keep the tape over the incision dry, but when you finish bathing or showering make sure to pat dry this area. Do not rub.

Sleeping

For the first week after surgery you should sleep with your head slightly up, either with a few pillows or by putting blocks, bricks or phone books under the head of the bed so that it's tilted. This will help the swelling to go down in your neck.

Caring for your Incision Line

Your incision line should be kept clean and dry. You may shower or bathe as usual using mild soaps on your skin



and baby shampoo on your hair. Gently pat the area of the incision dry.

The stitches in the incision will dissolve on their own with time and do not need to be removed by your doctor. There will be a thin tape strip directly over your incision. It may peel away on its own over the next 1-2 weeks. If not, your doctor will remove it on your first visit after surgery.

Taking Medications

You may have some pain or discomfort after your surgery. Take the pain medication prescribed by your doctor as directed. Your prescription pain medication may make you constipated. You can eat more foods that are high in fibre (like fruits vegetables and bran cereal), drink lots of water during the day, or take medication like milk of magnesia to help keep you regular.

If you have been prescribed thyroid hormone (Thyroxin) before surgery or when you go home, please continue to take this medication too.

If you have been prescribed calcium tablets, do **NOT** take them at the same time as the Thyroxin medication because they may interfere with the medication absorbing in your body.

If you have had your entire thyroid gland removed (called a total thyroidectomy) you will be started on thyroid replacement therapy and maybe Calcium tablets. These medication should be taken as directed.

Your follow-up appointment

Depending on how you recover, you will see your surgeon about 2-3 weeks after you leave the hospital. Call your doctor's office to make an appointment.

Your surgeon will check your calcium blood test if you had all of your thyroid gland removed. If you had a partial, hemi or subtotal thyroidectomy, you do not need to have your calcium level tested.



It is important that you see your doctor at least 2 times a year to have your thyroid function tests checked.

What to watch for after you leave the hospital

After you leave the hospital, watch for these things.

Go to the nearest emergency if you have:

- Chills or a temperature that goes higher than 38°C and does not go away after you take Tylenol
- Redness or increased pain where your incision is
- Pain, redness, or swelling in your calf or your leg
- Any stabbing pain in your chest, or shooting pain in your back
- Tingling, numbness of the fingers or toes or around the mouth after a total thyroidectomy or completion thyroidectomy
- Difficulty breathing, shortness of breath and chest pain

Call your doctor if you have any questions or concerns.

The numbers are below.

Remember that there are no bad questions.

How to contact us

Clinical Nurse Coordinator, TGH	416-340-4665
6B West Nursing Unit, TGH	416-340-3224
18B Nursing Unit, PMH	416-946-5510

Your Clinical Nurse Coordinator will answer any questions you have once you get home. If you are calling after hours, call the Nursing Unit where you had your surgery instead.

Surgeon's Office

Dr. D. Brown	416-946-2147
Dr. R. Gilbert	416-946-2822
Dr. D. Goldstein	416-340-4767
Dr. P. Gullane	416-946-2143
Dr. J. Irish	416-946-2149
Dr. L. Rotstein	416-340-5195

