Thyroid Surgery

An education booklet for patients

Having surgery can be a stressful time for you and your family. This booklet can help you prepare for your surgery and know what to expect as you recover at home.

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Your thyroid surgery may be done at Princess Margaret Hospital Cancer Centre, Toronto General Hospital or Women’s College Hospital.

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What is the thyroid?

Your thyroid is a small gland shaped like a butterfly at the bottom of your neck. It has 2 sides or ‘lobes’. These lobes are connected by a narrow neck called an **isthmus**.
What does the thyroid do?

The thyroid gland makes thyroid hormones that are very important to your health. Thyroid 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

Thyroid nodules are lumps that can form in the thyroid gland. They are common and treatable, but should always be looked at because a small number of them can be cancerous.

The most common type of thyroid cancer is papillary thyroid cancer. Less common types of thyroid cancers are medullary cancer, anaplastic cancer and lymphoma.

When is thyroid surgery needed?

Thyroid surgery that removes one or both of your thyroid lobes is called a thyroidectomy.

A thyroidectomy may be done if:

- Thyroid cancer is found or is suspected
- A needle biopsy is not able to confirm whether a thyroid nodule is cancerous
- 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. The major difference is how much of the thyroid is removed. Your surgeon will talk with you about which surgery is best for you.

Common types of thyroid surgery

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

You may have the following tests to help the doctors decide if you need thyroid surgery:
• a fine needle aspiration biopsy
• thyroid ultrasound
• CT scans
• radioactive thyroid scans
• blood samples to check your thyroid hormone levels (TSH) and calcium

The results of these tests and your history help your family doctor decide whether to refer you to see a thyroid specialist (endocrinologist or thyroid surgeon). Together you will see if surgery is right for you.
What can I expect?

The surgery is done under general anesthesia. This means you will be asleep during the surgery.

The surgeon makes an incision (cut) in the lower neck. The length of the incision will depend on:

- the size of the nodule
- the size and shape of your neck

Usually the incision(s) is between 4 to 6 centimetres long.

My Pre-admission Clinic visit

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

During your pre-admission visit:

- You may have tests such as bloodwork, ECG (electrocardiogram) or chest x-rays
- You will meet with the pre-admission nurse who reviews information about the surgery
- You may meet with an anesthesiologist who may also assess you
What to do before surgery

Medications
☐ You may need to stop taking Aspirin or medications that have Aspirin in them for 7 days before your surgery.
☐ Stop using herbal remedies or homeopathic medications which have not been approved by your surgeon for 7 days before your surgery. Some naturopathic medications may cause bleeding.

Talk to your doctor if you are taking blood thinner medications.

The night before your surgery:
☐ Do NOT eat anything after midnight the night before 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
• cranberry juice
• clear soda (such as ginger ale and 7-Up)
• apple juice
• clear broth
• plain Jell-O

☐ Do NOT drink coffee, black coffee or tea, milk or milk products, or orange juice after midnight before your surgery.
☐ Take all your usual medications unless your doctor told you otherwise.
☐ Follow all special instructions explained to you during your pre-admission visit.
☐ Your surgery could be cancelled if you do not follow the instructions or if there is an emergency in the hospital. Please call your doctor if you have questions.

What to do the morning of your surgery

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.

• Come to the Surgical Admission Unit (SAU) – 2nd Floor at Toronto General Hospital 2 hours before your scheduled surgery time.
• Come to 18B at Princess Margaret Cancer Centre if you are having your thyroid surgery at Princess Margaret.

We will prepare you for surgery. We will give you an intravenous (IV) line. This is a small needle that we put in a vein in your arm. We use it to give you medications you need.

What can I expect after surgery?

You will wake up in the Patient Anesthetic Care Unit (PACU) or Recovery Room.

When you are fully awake and ready to go to your room we will take you to 6A Munk Consolidated Short Stay Unit (CSSU) at TGH or 18B if you are at Princess Margaret. If we need to watch you more closely, you may need to recover on 6B Munk Head and Neck Surgery Unit at Toronto General Hospital.

You may have steri-strips to close your wound.
Rarely, a drain tube called a Hemovac or JP is put inside the neck near your incision to remove any extra fluid under your skin. Do not pull on it or try to empty the attached plastic bulbs. The surgeon will let you know when it will be removed.

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 (usually right after surgery).

Depending on the type of surgery you had, you may have 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.

It's also common to have a bump on the top of your incision which can last up to 1 or 2 months after surgery.

**How will I feel after the surgery?**

It is normal to feel some pain after surgery. Most people will have a sore throat.

Your nurse will give you antibiotics, pain medication, and medications to control nausea and vomiting. If there are no problems, you will also receive your usual home medications.

**Please tell us if you are feeling pain.** We know that about the same number of people take no pain medications, or take Tylenol, or take stronger pain medications after surgery. Your health care team will help you decide what pain relief works best for you.
How long will I stay in the hospital?

Depending on your surgery, you may be able to go home the same day or you may need to stay overnight in the hospital.

If you stay overnight after your surgery, your checkout time will be 9:00 am the next morning.

Follow-up phone call after your thyroid surgery

Before you leave the hospital, the nurse will arrange a follow-up phone call with you. The nurse will call you the day after your surgery to make sure you are having a safe and comfortable recovery. The nurse will ask questions, give you information, and ask if you have any feedback about your hospital stay.

How do I take care of myself at home?

Eating and meals
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.

Constipation
Your prescription pain medication may make you constipated. Eat more foods that are high in fibre (like fruits, vegetables, and bran cereal), and drink lots of water during the day. You can take medication like Milk of Magnesia to help keep you regular.
Activity
Do your daily activities again when you feel ready. As you recover, you might get tired easily. Listen to your body and don’t do more than you can handle.

The time it takes for you to recover depends on many things:
- How sick you were before surgery
- How old you are
- How active you were before surgery

Driving
Do NOT drive a car or use machinery/ power tools unless you have stopped your prescription pain medication and you can turn your head to see your car side view mirrors. This is usually about 3 days.

Bathing
- You can shower or wash your hair 24 hours after your surgery.
- Use a mild soap like Ivory or Glycerin and baby shampoo for about 1 week after the surgery.
- You do not need to keep the tape over the incision dry, but when you finish bathing or showering make sure to pat the incision dry. Do not rub.
- Do not take a bath or swim for 2 weeks.

Sleeping
For the first week after surgery you may feel comfortable if you sleep with your head slightly up, with a few pillows. This may help the swelling to go down in your neck.

Caring for your incision
The stitches in the incision will dissolve on their own and do not need to be removed by your doctor. There will be steri-strips directly over your incision. They may peel away on their own over the next 10 to 14 days. If not, your doctor will remove them on your first visit after surgery. Or you can take them off yourself 2 weeks after surgery.
Once the steri-strips come off there are some products that may help with your wound. Talk with your surgeon about what products are best for you. Your surgeon may also recommend that you use sunscreen.

**Medications**
Take the pain medication prescribed by your doctor as directed. If your doctor prescribed thyroid hormone (Thyroxin) before surgery or when you go home, continue to take this medication too.

**If you are taking calcium**
If your doctor prescribed calcium pills, do NOT take them at the same time as Thyroxin. Calcium may interfere with the medication absorbing in your body. Talk to the pharmacist about the best time to take Thyroxin.

If you have had your entire thyroid gland removed, you will be started on thyroid replacement therapy and maybe calcium pills. The level of calcium in your body may be low due to the changing hormone levels.

**Your follow-up appointment**
You will see your surgeon about 2 to 3 weeks after you leave the hospital. Call your doctor’s office to make an appointment if you do not have one already.

Your surgeon will check your calcium blood test if you had all of your thyroid gland removed. If only part of your thyroid tissue was removed, you will not have low calcium.

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

If you have numbness and tingling of your fingers or around your mouth:

• Take an extra dose of calcium 1000 mg pills (or 2 pills of Elemental Calcium 500 mg).
• Wait 15 minutes. If the tingling and numbness does not go away, take another dose of calcium 1000 mg pills (or 2 pills of Elemental Calcium 500 mg).
• If after the third dose the tingling and numbness are still there, call your surgeon to get a calcium blood test.

Go to the hospital nearest emergency room if you have:

• Chills or a fever that goes higher than 38 °C and does not go away after you take Tylenol
• Your incision bleeds or fluid or pus leaks from it
• Redness, swelling or increased pain under your incision or on your neck that keeps getting worse
• 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 that does not go away after taking 3 calcium doses as directed
• Difficulty breathing, shortness of breath and chest pain
• Trouble swallowing or trouble coughing

Call your doctor if you have any questions or concerns. The office phone numbers are below.
How to contact us

For surgery at Toronto General Hospital:
Clinical Nurse Coordinator Phone: 416 340 4665

If you are calling after hours, call the Nursing Unit where you had your surgery instead.

• 6A Munk CSSU Phone: 416 340 3521
• 6B Munk Nursing Unit Phone: 416 340 3224

For surgery at Princess Margaret Cancer Centre:

• 18B Nursing Unit Phone: 416 946 4501 ext. 5510

Surgeon’s office
Dr. D. Brown Phone: 416 946 2147
Dr. D. Chepeha Phone: 416 946 4729
Dr. K. Devon Phone: 416 323 6400 ext. 7352
Dr. R. Gilbert Phone: 416 946 2822
Dr. D. Goldstein Phone: 416 340 4767
Dr. P. Gullane Phone: 416 946 2143
Dr. J. Irish Phone: 416 946 2149
Dr. J. Pasternak Phone: 416 340 5195
Dr. L. Rotstein Phone: 416 340 5195

Where to learn more

Thyroid Foundation of Canada

Visit the Patient and Family Libraries at UHN and ask a trained librarian

• Princess Margaret Patient & Family Library – Room M-508
• Toronto General Hospital Peter and Melanie Munk Patient and Family Library – Level 1 (NU)

Website: www.uhnpatienteducation.ca

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