

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.

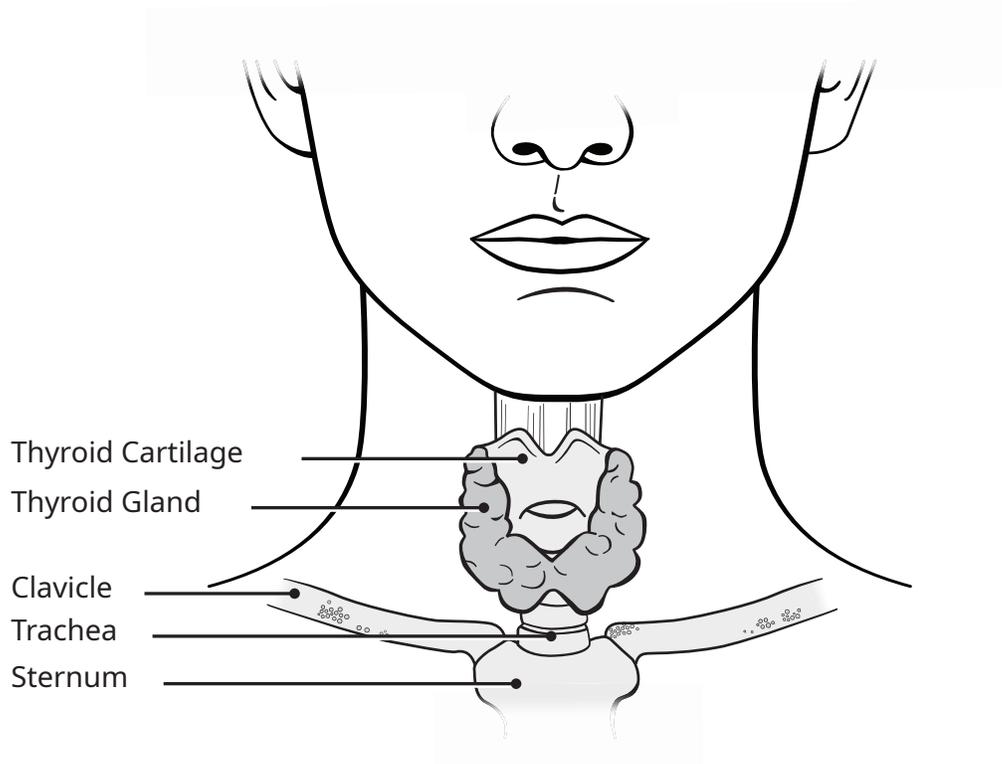
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Your thyroid surgery may be done at Toronto Western Hospital or Toronto General Hospital.

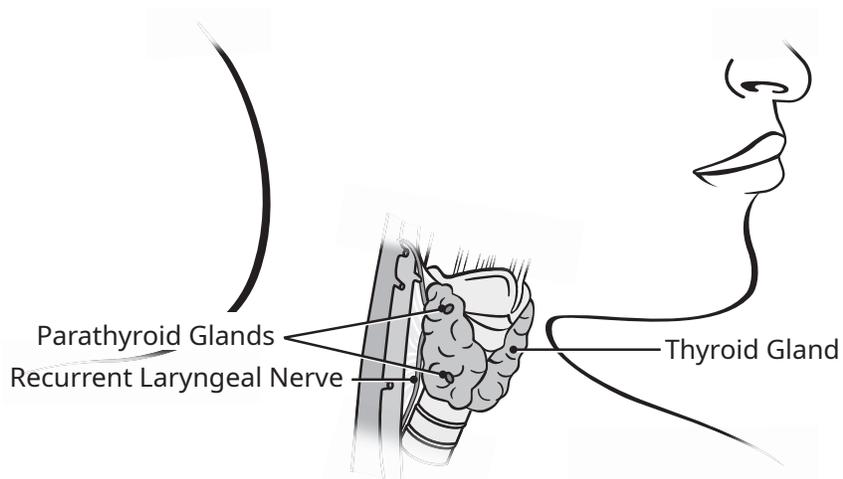
What is the thyroid?

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**.

Thyroid gland – front view



Thyroid gland – side view



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 medicines 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 or hemi-thyroidectomy (removing half the thyroid)
- Total thyroidectomy (removing the entire thyroid gland)

Your doctor will talk to you if lymph nodes or other parts around your thyroid may be removed during surgery.

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 tests to check your thyroid hormone levels (TSH) and calcium

What can I expect with surgery?

Your surgery is done under general anesthesia. This means you will be asleep during the surgery. It may last between 1 to 3 hours depending on the type of thyroid surgery.

Your 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.

What can I expect when I meet with my surgeon?

Your surgeon will talk to you about:

- what type of thyroid disease you have
- what type of thyroid surgery you need
- benefit of thyroid surgery
- possible risks involved with thyroid surgery
- whether you can go home the same day after your surgery or stay overnight in the hospital
- your follow-up after thyroid surgery

How do I know if I can have thyroid day surgery?

Your surgeon will talk with you about day surgery. You may be able to go home the same day of your thyroid surgery if:

- the anesthetist agrees that it's safe for you to leave the hospital on the same day after your surgery
- you have an escort (responsible adult) to take you home from the hospital
- you have an escort who will stay overnight with you
- if you live within 1 hour of the Greater Toronto Area or live close to a hospital with an Emergency Department

You can also get more information about discounted rates for nearby hotels from the hospital by visiting the [uhn.ca](https://www.uhn.ca/PatientsFamilies/Patient_Services/Pages/places_to_stay.aspx) website (https://www.uhn.ca/PatientsFamilies/Patient_Services/Pages/places_to_stay.aspx).

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.

Your pre-admission appointment may be an in-person visit, a phone call or a virtual visit.

Before your surgery date:

- You may need blood tests, swabs, ECG (electrocardiogram) or chest x-rays. Your surgeon will let you know if these tests can be done before or after your pre-admission appointment.
- You will talk to the pre-admission nurse who reviews information about the surgery.
- You may be assessed by an anesthesiologist
- You can talk to the pre-admission clerk if you have questions about your room, how to request a private room and any costs involved.

Preparing for surgery

Medications

You need to stop taking blood thinner medicine before your surgery.

Talk to your doctor about when to stop taking blood thinners.

- Stop using herbal remedies or homeopathic medicines which have not been approved by your surgeon for 7 days before your surgery. Some naturopathic medicines may cause bleeding.
- Continue to take your thyroid medicine if given by your doctor before surgery.

What to do the night before your surgery

- Do NOT eat anything after midnight the night before your surgery.
- You can 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 medicines unless your doctor gave you different instructions.
 - Follow all special instructions explained to you during your pre-admission visit.

Important: Your surgery could be cancelled if you do not follow these instructions or if there is an emergency in the hospital.

What to do the morning of your surgery

If the anesthetist told you to take a medicine on the morning of surgery, take it at home with a sip of water.

Come to the hospital 2 hours before the time of your surgery.

- For Toronto General Hospital, check-in at the Surgical Admission Unit (SAU) located on the 2nd Floor, Peter Munk Building.
- For Toronto Western Hospital, check-in at the Pre-Operative Care Unit (POCU) located on the 2nd Floor, Fell Pavilion.

Once you check in, we prepare you for surgery.

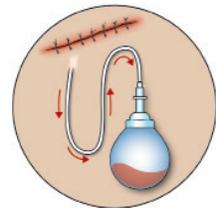
We give you an intravenous (IV) line. This is a small needle that we put in a vein in your arm. We use it to give you medicine you need. Your doctor and the surgery team will talk to you before you go inside the operating room.

What can I expect after surgery?

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

You may have steri-strips or skin glue to close your incision near the lower front of your neck.

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. Your doctor will let you know when it will be removed.



An intravenous (IV) is a type of 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 medicine 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. The swelling begins to go down slowly during the first week after surgery and continues to go down up to 6 weeks after surgery.

It is also common to have a bump on your incision, sometimes above or below the cut. This is called the **healing ridge** and can last up to 1 or 2 months after surgery. Your doctor will talk to you about when you can start gentle massage on the bump and use medicine to help with healing.

How will I feel after the surgery?

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

Please tell us if you are feeling pain. About the same number of people take no pain medicine, or take acetaminophen (Tylenol), or stronger pain medicine 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 leave the hospital the same day as your surgery or you may need to stay overnight in the hospital.

You may be able to go home within 6 hours after surgery in the Day Surgery unit of your hospital.

If you go home the same day of your surgery, you need an escort (responsible adult) to take you home and stay with you for 1 or 2 days. Your escort can be a friend, family member or other caregiver.

If you need to stay overnight, we will take you to an in-patient unit. Your checkout time will be by 11:00 am the next day.



Follow-up phone call 24 hours after your thyroid surgery

Before you leave the hospital, your health care team will arrange a follow-up phone call with you to make sure you are safe and comfortable at home. We will ask you 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

Your throat may feel sore after the surgery. Eat a light meal and drink plenty of water for 1 or 2 days after your surgery. You may eat what you normally eat at home once you are feeling better.

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

Constipation

Your prescription pain medicine can 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.

Talk to your doctor or local pharmacist about medicines that can help treat constipation.

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.

Avoid heavy lifting (no more than 10 pounds or 5 kilograms) for the first 4 to 6 weeks after surgery.

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 and power tools unless you have stopped your prescription pain medicine and you can turn your head to see your car side view mirrors. This is usually about 3 days.

Showering and bathing

- You can shower between 1 to 4 days after your surgery. Talk to your doctor if you are worried about showering.
- Use a mild soap and shampoo for about 1 week after the surgery.
- 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

Keep your incision area clean and dry when at home.

There may be steri-strips directly over your incision. You can gently remove the steri-strips after 3 days while soaking it with water in the shower. Your doctor will talk to you if your steri-strips need to stay longer than 3 days.

Once the steri-strips come off, you can clean your incision with a mild soap and water. Leave your incision open to air after cleaning. Your doctor will talk to you about medicated creams you can use at home.

Medications

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

If you have had your entire thyroid removed, you need to take thyroid hormone for life. Your doctor may also prescribe calcium pills after surgery. Your doctor will tell you when to stop your calcium pills.

If you had part of your thyroid removed, your doctor will check your thyroid level within 1 to 3 months after your surgery to see if you need to take thyroid hormone.

For patients taking calcium

The level of calcium in your body may be low due to the changing parathyroid hormone levels after surgery.

If your doctor prescribed calcium pills, do NOT take them at the same time as thyroid hormone (Thyroxin). Calcium may interfere with the medicine absorbing in your body. Talk to the pharmacist about the best time to take Thyroxin and your medicines.

See the brochure “Your Calcium Prescription” to learn more about your calcium medicine (https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Your_Calcium_Prescription.pdf).

Your follow-up appointment

You will see your surgeon about 2 to 6 weeks after you leave the hospital. Call your doctor’s office to make an appointment if you do not have one already.

Your doctor will check your thyroid levels if you had a part or the whole thyroid removed. Your doctor may also check your calcium levels depending on your surgery.

Many patients need their calcium checked 2 times a year.
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What to watch for

If you had your entire thyroid removed and have numbness and tingling of your fingers or toes 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. See office phone numbers below.

How to contact us

For surgery at Toronto General Hospital:

- TGH 10ES Nursing Unit
Phone: 416 340 3224
- Clinical Nurse Specialist, (Monday to Friday, 8:00 am – 4:00 pm)
Phone: 416 340 4665

For surgery at Toronto Western Hospital:

- Nurse Navigator (8:00 am – 4:00 pm)
Phone: 416 262 2691

Your surgeon's office

Dr. D. Brown	Phone: 416 340 3060
Dr. D. Chepeha	Phone: 416 340 3082
Dr. J. De Almeida	Phone: 416 340 3138
Dr. K. Devon	Phone: 416 323 6400 ext. 7352
Dr. R. Gilbert	Phone: 416 340 3145
Dr. D. Goldstein	Phone: 416 340 3062
Dr. P. Gullane	Phone: 416 340 3098
Dr. J. Irish	Phone: 416 340 3113
Dr. J. Pasternak	Phone: 416 340 4792
Dr. L. Rotstein	Phone: 416 340 5195

Where to learn more

UHN Endocrine Surgery Clinic

Website: [Endocrine.uhnsurgery.ca](https://endocrine.uhnsurgery.ca) see video library

Thyroid Foundation of Canada

Website: www.thyroid.ca

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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