Thyroidectomy

What is the thyroid?

The thyroid is an endocrine gland. This means it manufactures hormones, which are chemicals that are released into the blood stream and act on the body cells and tissues.

The thyroid gland is located in the lower part of the neck just below the 'Adam's apple' and it is shaped rather like a butterfly, with two lobes laying either side of the windpipe. These are joined together by a ridge of tissue in the middle, called the isthmus.

What do the thyroid hormones do?

Thyroid hormones regulate the speed at which your body cells work. If too much of the thyroid hormone is produced, the body cells work faster than normal; there is overactivity of the thyroid, which is hyperthyroidism. (Sometimes this is referred to as thyrotoxicosis.) However, if too little of the hormones are produced, the body cells work more slowly; underactivity of the thyroid or hypothyroidism occurs. (This is also sometimes called myxoedema.)

What is a thyroidectomy?

A thyroidectomy is the removal of all (total) or part (partial) of the thyroid gland.

Why do I need a thyroidectomy?

You may need to have this done because you have an enlargement of the thyroid gland called a goitre, or you may have a discrete swelling of one part of the thyroid, sometimes referred to as a thyroid nodule.

Generalised enlargement of the thyroid, or as it is sometimes called a simple goitre, may cause no more inconvenience than a rather full appearance of the neck. However, sometimes it becomes big enough to cause pressure on the windpipe or the gullet, causing breathing or swallowing problems.

Discrete swellings of the thyroid gland may on occasions be benign (non-cancerous), or more rarely pre-malignant (pre-cancerous) or malignant (cancerous) swellings.

Thyroidectomy may also be carried out on those patients who are having problems with recurrent overactivity of the gland (thyrotoxicosis) because medical treatment has been unsuccessful.

Your Specialist will explain to you what exactly is required in order for you to give fully informed consent before the operation. If you don't understand any of the information, please ask, as it is very important for you to make the right decision.

What would happen if the operation was not performed?

Patients with large goitres often have surgery for cosmetic reasons, or to remove the pressure symptoms in the neck. Such goitres, if left untreated, may enlarge and become unsightly and or even more uncomfortable and very rarely may undergo malignant change (become cancerous).

Before your operation

You will be asked to attend the pre-admission clinic 1-6 weeks prior to your operation, allowing time for the necessary pre-operative tests, which may include blood tests, cardiogram (ECG) and a chest x-ray if required to ensure you are fit for your operation.

You may require an examination to check your voice box (larynx) before the operation to ensure that the vocal cords are healthy, as certain types of goitre may affect the nerve that controls the voice box. This is performed by an ENT (ear, nose and throat) Doctor and can usually be arranged whilst you are at the pre-admission clinic.

You will be admitted the day of surgery unless there are any medical or technical reasons that may require you to be admitted the day before the operation. If you have half of the thyroid gland removed, you may be able to go home the same
day. For total thyroidectomy, the average length of stay in hospital is about 1 to 2 days.

Coming into hospital

Your operation will be carried out under a general anaesthetic. An incision (cut) is made into the front of the neck, which if you have any naturally occurring skin creases, will follow one of these. The thyroid gland itself is exposed, and it is important that the two small nerves that make the vocal cords work (the recurrent laryngeal nerves) are protected.

At the end of the operation, you may have a small drain placed into the wound connected to a small plastic collection bottle into which the fluid drains. This is to prevent any swelling or bruising after the operation. The wound will be closed with a dissolvable stitch.

What are the risks/complications?

- Bleeding inside the wound may result in a firm collection of blood (haematoma) formation causing the neck to swell, rarely resulting in a return to theatre to release it.

- Wound infection, occasionally requiring antibiotics – 5% risk.

- There is a small risk of bruising, with a 3% risk of significant bruising.

- There will be a scar, which usually follows a natural skin crease. It may be red for a few months, before fading to a thin line. Very occasionally the

  scar becomes heaped up, thickened and highly coloured red often referred to as 'keloid'. This is more common in people with darker skin or in whom

  it has occurred following another operation.

- Nerves that supply the voice box are close to the thyroid gland and are sometimes affected by this type of surgery, resulting in hoarseness. This is usually temporary, with recovery taking a few days or weeks. On rare occasions, you may develop minor voice changes following thyroid surgery consisting of mild huskiness or an inability to sing very high notes. In less than 1% of cases this voice box damage may be permanent.

- The parathyroid glands control the levels of calcium in the blood and are located behind the thyroid gland. These can sometimes be affected by the surgery. If this is the case, you may experience tingling in your hands, fingers, lips and around your nose. Report this straight away and a blood test to monitor your calcium levels will be taken. If they are low, giving you calcium supplements will rectify this. This is often only a temporary problem as the parathyroids usually resume normal functioning following removal of the thyroid.

- At operation, all or part of the thyroid gland is removed. If all the thyroid gland is removed or the thyroid gland itself is affected with a condition which makes it not work very efficiently, you will need to be on long-term replacement of the thyroid hormone by tablets, which are called Thyroxine.

These risks/complications will be explained and discussed with you when the surgeon asks you to sign the consent form for the operation.

After the operation

After your operation you will be sitting up supported by several pillows. This will help to reduce any neck swelling.

You will feel some discomfort and stiffness around your neck but you will be given some medication following your operation to help ease any pain and discomfort. Pain relief may be given in different ways such as injections, tablets or liquid medicine.

You will be given be given fluids by a drip via a vein in the back of your hand or arm. You will be able to have sips to drink quite soon after your operation andthis drip will be removed once you are drinking properly again (usually within 12 to 24 hours). Once you are tolerating fluids you will be able to start eating as soon as you feel able. For a short period after your operation you may find it painful to swallow and you may need a softer diet for a short time.

If you have had a drain inserted into the wound, this will be removed within 24 hours.
You may take a bath or shower. Ensure you pat the wound dry using a clean towel. You can rub a small amount of un-scented moisturiser cream on the scar so it is less dry as it heals i.e. Calendula, Aloe Vera or E45 cream (available from health shops).

It is not unusual to develop some swelling and bruising around the wound site. However, in the period following your operation you should seek medical advice if you notice any problems:

- Increased pain, redness, swelling or discharge from the wound
- High temperature

If you require a sick certificate for work please ask a member of staff before discharge. Most patients are able to return to work 2 or 3 weeks after their thyroidectomy and to lead a normal and active social life. However, some patients may find they need a little longer recovery time.

You may resume sexual relations as soon as this feels comfortable.

It is advisable not to drive for at least 1-2 weeks; some people feel they need a little longer. However, please check with your Insurance Company as policies vary with individual companies.

You will usually come for an Outpatient check-up 6-8weeks after the operation. A blood test to assess the thyroid function and calcium level will be done on a return visit. If necessary your GP will arrange future blood tests to check your thyroid function every 6-12 months.

Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurses before discharge.

Points of contact:

If you have any queries prior to the procedure, please contact the Surgical Pre-Admission Assessment Clinic on 01603 287819.

If you have any queries following the surgery, please contact the ward from which you were discharged via the main hospital switchboard on 01603 286286.

Further information and support:

British Thyroid Foundation
P.O Box 97
Clifford
Wetherby
West Yorkshire
LS23 6XD
Tel: 0113 292 4600

Web address: www.btf-thyroid.org

For Help Giving Up Smoking: NHS Smoking Help-line 0800 1690169 or contact 'CIGNIFICANT' run by Norfolk PCT 0800 0854113

This sheet describes a medical condition or surgical procedure. It has been given to you because it relates to your condition; it may help you to understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.

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