



Things you need to know about having a Thyroidectomy

Patient Information

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A thyroidectomy is the removal of all (total) or part (partial) of the thyroid gland. You may need to have this procedure because your gland is enlarged, because it is overactive or so that tests can be carried out. Your specialist will explain the procedure to you and the extent of surgery. You will also be asked to give consent before you have the procedure.

What is the alternative to surgery?

Usually you will have already had alternative investigations to find your diagnosis or medication for your symptoms and these will have been unsuccessful. The only alternative to treat your condition or to get a definitive diagnosis is surgery. If you decide not to have surgery your doctor will discuss the best way to monitor your symptoms. If you do not understand any of the information please ask - it is important that you to make the right decision for you.

Is it a safe operation and what are the side effects?

- The complete removal of the thyroid gland means that you will need to take hormone replacement tablets called thyroxine every day for the rest of your life, otherwise you will experience symptoms of hypothyroidism (underactive thyroid). Thyroxine tablets are the size of a sugar sweetener and safe to take. Monitoring by your specialist centre and or your general practitioner (GP), means you should be able to lead a normal and active life.
- Thyroxine tablets are also given to suppress the level of thyroid stimulating hormone (TSH). Some patients will be given thyroxine even if they have only had part of the thyroid removed. You will be advised on this before you leave hospital.
- You will need regular blood tests to measure the levels of hormones in your blood, and the medication will be adjusted accordingly. You will be given appointments for this.
- Thyroidectomy does not affect your ability to have children, but do ask your specialist for advice and information if you are thinking of starting a family.

- During thyroid surgery the parathyroid glands may be damaged or even removed. Should this happen, the blood calcium level may fall below normal. If or when this happens, you will be advised to take additional calcium and sometimes vitamin D as well. Often this is only temporary, but sometimes it can be permanent.

Will it affect my voice?

The thyroid gland lies close to the voice box (larynx) as well as the nerves that supply it which make the vocal cords work. Following surgery, you may find that the voice sounds hoarse and weak and that your voice is slightly altered, but this usually recovers quite quickly. In the minority of cases such voice change may be permanent.

Will my calcium levels be affected following thyroid surgery?

The parathyroids control calcium the levels in the blood and are situated close to the thyroid. Sometimes the function of these glands can be affected during surgery and if this happens, you may experience tingling sensations in your hands, fingers, in your lips or around your nose. Sometimes people may feel quite unwell. Please report this to the staff looking after you or, if at home, to your GP. Blood tests will be taken to monitor the levels of calcium in your blood following surgery. If the calcium level is falling, this can easily be treated by giving you calcium supplements, which may be given via an intravenous drip and/or by tablets. You may only need to take these tablets temporarily as the parathyroids usually resume normal functioning following surgery. You will be advised about this by the medical and nursing staff.

Will I have neck stiffness or pain?

You will feel some discomfort and stiffness around your neck but you will be given some medication to help ease any pain

and discomfort. Pain relief may be given in different ways, such as injections, liquid medicine or tablets. Most patients say the discomfort is not as bad as they expected, and after the first day are up and walking around. After a few weeks you should be back to normal or near-normal neck movement and shoulder function.

Will I have a scar?

Following your surgery, whether all or part of your thyroid is removed, you will have a scar, but after three months when healing is complete it is usually cosmetically acceptable. The scar runs horizontally in the same direction as the natural lines of the skin on your neck.

When will the operation be done?

You will have usually attended the outpatient clinic and may have been given a date for your operation at that time. Otherwise you may receive a date through the post or by phone from your consultant's secretary.

What happens in the pre-admission assessment clinic?

- You will be invited to attend a pre-admission assessment clinic one or two weeks before your operation. This enables both the doctors and the nurses to assess your health needs and carry out routine tests which may be required prior to surgery i.e. blood tests, a heart tracing (ECG) or a chest X-ray.
- Time is allocated for each individual and you should expect to be there no longer than two hours. However, in exceptional circumstances delays are unavoidable.
- Some patients may have their investigations carried out the day before surgery and, in that case, would not be asked to attend for preadmission assessment.

What about smoking?

University Hospitals Birmingham NHS Foundation Trust operates a 'no smoking' policy. If you do smoke it is in your best interests to stop smoking at least 24 hours prior to your anaesthetic. Please contact your GP's surgery for advice on stopping smoking.

What shall I bring into hospital?

Please bring night wear, day wear, dressing gown, towels, toiletries, slippers, books/magazines and a pen. It will be helpful to arrange for a relative or friend to wash your night wear etc and bring in fresh supplies. Hospital night wear is available if required.

You must bring with you any medication you are currently taking, including inhalers.

Please do not bring any valuables with you, such as jewellery, large sums of money or bank cards. The hospital cannot take responsibility for your valuables. On your admission you will be asked to sign a disclaimer form which gives you responsibility for any valuables you bring with you.

Will there be a bed?

- You may be admitted to the admission lounge and from here to theatre. Following your operation you will be allocated a bed on a ward. Therefore it is difficult to predict how many beds will be available early in the morning.

What instructions or help will I have to get ready for surgery?

- When you have been taken to your bed the nurse will welcome you and check your details. It is necessary for you to wear a special theatre gown for your operation. This will be given to you by the nurse and she will show you how to put it on and give assistance if required.

- You will usually be given a pair of elastic stockings to wear during and after the operation which will prevent blood clots forming in your legs. They feel quite tight and you may need help in putting them on.

What preparation will I need for the operation?

- Your operation will be carried out under a general anaesthetic and you will be unconscious for the whole operation. Removing all or part of the thyroid involves delicate surgery which means that the operation can take about two hours.
- To prevent vomiting and other complications during surgery, it is necessary that you should not eat anything prior to your operation. You will be advised from what time you should starve when you attend the pre-admission assessment, or by letter from the consultant's secretary.
- You should expect to be in hospital for about two to four days, or longer if any complications arise.
- If you would like to meet another patient who has had a thyroidectomy this can be arranged.

What will happen when I go to theatre?

- Just before going to theatre a checklist is completed by the nurse. You will then be taken to the operating theatre. Usually patients walk to theatre with a theatre technician and a nurse. The nurse will stay with you in the anaesthetic room.
- Dentures, glasses and hearing aids can be taken out in the anaesthetic room and taken back to the ward by the nurse, or you may like to put them in your locker before your operation.
- The anaesthetist will insert a small needle into the back of your hand through which you will be given the anaesthetic. The nurse will stay with you until you are asleep. You will not wake up until the operation is over. You will be taken, on your bed, to the recovery area where a nurse will look after you until you are awake.

- You will then be taken back to the ward, on your bed, by a theatre technician and a nurse.

What will happen when I get back on the ward following surgery?

- Back on the ward you will be made comfortable. Usually, you will be sitting fairly upright in your bed supported by several pillows which helps to reduce any neck swelling. Your nurse call bell will be situated close by so that you can call a nurse at any time.
- You will have your blood pressure, pulse and oxygen levels checked frequently. A machine will do this automatically – a blood pressure cuff is wrapped around your upper arm and a probe is clipped to one of your fingers.
- There will be a fluid drip going into a vein, probably in the back of your hand; this will be removed as soon as you are drinking normally (usually within 24 hours). You will be able to sip drinks quite soon after your operation as long as you are not feeling sick, and you can eat as soon as you feel you are able to.

What will I look like after thyroid surgery and what will I be able to do?

- You will have a scar on the front part of your neck which will feel a little tight and swollen immediately after the operation. Many treatment centres now use skin clips on the outside of the neck instead of stitches. This may feel sensitive but should not cause any distress. The clips are removed by a nurse. This is usually painless and done in two stages. Time spans may vary but it is usual for all the clips to be removed before you go home. Alternately, you may have a subcutaneous (under the skin) suture that is dissolvable or one that is removed after seven days (Nylon).
- You may have one or even occasionally two wound drains from your neck. These collect blood and fluid that occurs naturally following your surgery. The drains are small plastic tubes which are inserted into the neck at the end of your operation. The

long length of tubing outside the neck is attached to a plastic collection bottle into which the blood and fluid drains. Drains are not painful and you can carry them around with you. They will be removed by a nurse, when the drainage is minimal. The time span may vary but is usually a day or two after your operation.

- For your own safety it is important that you do not get out of bed on your own immediately following your operation as you may be drowsy and weak. At first when you need to use the toilet a member of staff will need to assist you with a commode or bedpan. You will soon be able to walk to the bathroom yourself.
- You will have a nurse call bell within easy reach so that you can seek help from the ward staff as needed.
- Following your operation you may not feel very sociable so it is wise to restrict visitors to a minimum for the first 24 hours.

Will it affect my eating and drinking?

For a short period after your operation swallowing may be painful so a softer diet may be required. Nutritious drinks can be helpful in maintaining a balanced diet, which is important to assist healing.

Will I have a sore neck?

You will probably find that your neck is quite sore and you will be given medication to take home to relieve the discomfort. Please take your medication as prescribed on the packet and take care not to exceed the recommended number of tablets. This medication should also ease the discomfort on swallowing. Your neck may appear swollen and hard to touch, with some numbness, which will gradually resolve as healing takes place.

What should I do to reduce any risk of wound infection?

Keep your neck wound clean and dry. Initially the nursing staff will check your wound daily and clean it as necessary. A few days

following surgery, when you are feeling stronger, you may have a shower or bath but take care to ask the nursing staff's advice first. After bathing or showering gently pat the wound dry with a clean towel. Exposure to the air will assist wound healing. If your neck becomes increasingly painful, red or swollen or you notice any discharge then please seek medical advice from ward staff or your GP. To reduce the risk of infection it is wise to avoid crowded places and take extra care of yourself. Use only clean towels on your wound area for the first few weeks.

What care do I need to take regarding my neck wound?

Take care not to knock your wound and remember to keep the wound dry if it becomes wet after bathing or showering by patting it dry with a clean towel. After your skin clips are removed and the scar is healing well you can rub a small amount of unscented moisturising cream on the scar so it is less dry as it heals. Calendula, Aloe Vera or E45 cream (available from health shops) are effective. The pressure of rubbing the cream in helps to soften the scar.

What rest do I need?

You will need to take it easy while your neck wound is healing. This means avoiding strenuous activity and heavy lifting for a couple of weeks. Your neck will gradually feel less stiff and you will soon be able to enjoy normal activities.

What about my medications and tablets?

Please continue to take prescribed medication and ensure that you have a good supply of tablets. If you are unsure about any of the tablets you have been given, please check this with a nurse before you go home. Repeat prescriptions can be obtained from your GP. When you come for your hospital appointment to check blood levels after surgery (thyroid function tests, serum calcium, etc), your medication may need to be altered.

When should I return to work?

You will probably need to take one to two weeks off work (or sometimes longer) depending on your occupation and the nature of your work. The hospital can issue you with a note for two weeks and then you should see your GP if more time is required.

Will I need to be checked in an out-patient department following discharge home?

Following your discharge you will need to be reviewed in the outpatient clinic to monitor wound healing, blood tests and to check voice function. You will usually receive the date and time for this appointment through the post or it may be given to you by the ward staff before you go home. Please contact the ward or the consultant's secretary at the hospital if you do not receive one shortly following discharge. Depending on the problem with your thyroid and the results from the thyroid tissue that has been removed, you may be offered further treatment. This will be discussed with you by your specialist consultant at your clinic appointment. If you would like any further information please do not hesitate to ask the nursing staff.

Will I be able to cope?

Most people, when first told they need to have a thyroidectomy, say they feel all sorts of mixed emotions; while some feel numb, others feel they knew all along that they would need surgery. We are all individuals and cope in different ways and need different lengths of time to adjust to the changes we face. Support and help is available from the staff.

**You do not have to face your treatment
on your own.**

Support and help is available from the staff.

**Together we can help you through your
investigation, treatments and recovery.**

Useful contacts:

Mr Jennings

Consultant Otolaryngologist/Head and Neck Surgeon
Secretary telephone: 0121 371 4812

Professor Mehanna

Consultant Head and Neck and Thyroid Surgeon
Secretary telephone: 0121 371 4813

Mr Pracy

Consultant Otolaryngologist/Head and Neck Surgeon
Secretary telephone: 0121 371 4813

Mr Watkinson

Consultant Otolaryngologist/Head and Neck Surgeon
Secretary telephone: 0121 371 4807

Karen Hutton

Clinical Nurse Specialists
Telephone: 0121 371 4692

Des McGuire

Head and Neck Counsellor
Telephone: 0121 371 4692

British Thyroid Foundation

A patient-led charitable organization
dedicated to helping with thyroid disorders.

The British Thyroid Foundation,
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Website: www.btf-thyroid.org



Get A-Head Charitable Trust

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Website: www.getahead.org.uk

Get ahead 
Charitable Trust

A cancer charity fighting all head & neck diseases



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

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