



# Things you need to know about having a Thyroidectomy

## What is a Thyroid?

The thyroid is a butterfly shaped gland located in the neck, in front of your windpipe. It is made up of two halves (left and right thyroid lobes) and connected in the middle by a piece of tissue called the isthmus. At the back of the thyroid are four small parathyroid glands.

Your thyroid releases a hormone called thyroxine into your bloodstream, which is important for controlling your metabolism. Your parathyroid glands produce parathyroid hormone, which helps regulate the calcium in your body.

## What is a Thyroidectomy?

A thyroidectomy is the surgical removal of all (total) or part (hemi) of the thyroid. You may have been recommended a thyroidectomy as a treatment for one of the following:

- Enlarged thyroid goitre
- Thyroid adenoma (benign tumour)
- Graves disease (thyrotoxicosis)
- Diagnostic purposes
- Thyroid Cancer

The surgery involves an incision across the lower part of your neck; your surgeon will try to make this incision in a natural skin crease to help minimize the scar. Important structures near your thyroid (such as the recurrent laryngeal nerve) will be carefully identified and protected before your thyroid is removed. The wound will be closed using sutures; these may be absorbable or non-absorbable. Thyroidectomy surgery usually takes between 45 minutes to two hours.

## What happens before my surgery?

You may have been recommended a thyroidectomy during an outpatient appointment with your consultant. The surgery will have been explained to you, as well any risks, which may include:

- A Haematoma (blood clot). There is a 1 in 10 risk that this may occur close to the trachea (wind pipe). Patients will need to return to theatre for drainage.
- Recurrent laryngeal nerve palsy (weakness), which can lead to a breathy voice. This will be temporary 1 in 20 patients and permanent in less than 1 in 100. A nerve monitoring electrode will be used throughout the surgery to help minimise this risk.
- Hypocalcaemia (low calcium blood levels). This can occur after removal of the thyroid gland and is temporary for 1 in 10 patients and permanent for 1 in 20. This may lead to you requiring calcium supplements temporarily or lifelong.
- Scarring
- Infection

## Information for Patients

---

You may already have signed your consent form. If you have any questions about what is being explained, please feel free to ask your consultant. If you do think of any questions after your appointment, you can contact your consultant via their secretary.

If you have been offered a thyroidectomy for cancer treatment, you will also have been allocated a clinical nurse specialist (CNS). Your CNS will be your key worker and a point of contact for any questions or concerns and will support you throughout your treatment.

You will receive an appointment for a pre-admission assessment. This may be a telephone consultation, or you may be asked to attend clinic. During the appointment, the team of doctors and nurses will be able to assess your health needs and carry out routine tests that may be required prior to surgery, such as blood tests, an ECG or a chest X-ray. You should expect this appointment and tests to be completed within two hours, if attending in person. Please bring along an up-to-date list of current medications.

### What should I bring into hospital with me?

Please bring with you:

- Nightwear
- Comfortable day wear
- A towel
- Toiletries
- Slippers/footwear

It may be useful to have nightwear/tops that button up at the front or have a loose fitting neck area, especially if you are undergoing a total thyroidectomy. You must bring with you any medications you are currently taking, including inhalers. We recommend that you bring something with you to entertain yourself whilst on the ward, for example books, a tablet, mobile phone etc.

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 that you do bring with you.

### What will happen the day of my surgery?

If you are having surgery at the Queen Elizabeth Hospital Birmingham or Ward 12 at Solihull Hospital, you will be admitted to either ambulatory care (if you're having a hemithyroidectomy) or the admissions unit (if you're having a total thyroidectomy).

- The nurses will greet you onto the ward and go through a checklist of questions. You will also be seen by one of the Surgical and Anaesthetic Team, who will also ask you a few questions and check you understand what is going to happen.
- Once you have been seen by the team, you will be asked to change into a surgical gown and some tight stockings (the nurses can assist you with these).
- When it is time for your surgery, you will be collected by a porter and escorted to the theatre department with one of the nurses. You will be taken into the anaesthetic room, where you will be greeted by a theatre practitioner and your anaesthetist. Your nurse will hand your care over to the theatre practitioner and another checklist will be undertaken with one of the surgical team and anaesthetist present.

## Information for Patients

---

- The anaesthetist will then explain what will happen next, and with your consent, the anaesthetic will begin. To do this you will have a cannula (small needle) inserted into the back of your hand for the anaesthetic to be delivered and may have an oxygen mask placed over your mouth and nose. The anaesthetist will let you know when you are about to fall asleep.

### **What should I expect when I wake up from my surgery?**

You will wake up after your surgery in the recovery area. Here you will receive one to one nursing until you are awake and comfortable enough to return to your ward. You may have a drip attached to your cannula to help keep you hydrated until you can drink. If you are feeling nauseous or in pain, your nurse will be able to give you appropriate medication. Most patients will experience discomfort, but not be in pain. If you have had a total thyroidectomy, you may have one or possibly two drains in your neck. These are small tubes inserted into the skin that collect any excess fluid that may be present after surgery, which is connected to a bottle. The drains will not hinder any movement, but you may need to be more aware when walking about and remember to carry them around with you.

Once back on the ward, you will be encouraged to eat and drink normally and get up out of bed (with assistance at first in case you feel dizzy or weak). If you have had a hemithyroidectomy, you will usually have to stay in hospital for one night. If you have had a total thyroidectomy, you will need to stay in hospital a couple of nights, until the drains have been removed. Your wound will usually be closed with sutures that may or may not need to be removed (your nurse will inform which you have) and covered with Steri-Strips (adhesive dressings).

All patients that have had a total thyroidectomy, and some who have had a hemi thyroidectomy, will require lifelong thyroxine hormone replacement (Levothyroxine). The dose of your medication will be worked out based on your weight and may need to be adjusted within the first year post-thyroidectomy.

### **How should I care for my neck wound?**

It is important to keep your neck wound clean and dry. Whilst in hospital, the nurses will check your wound and clean it if necessary. 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, swollen or you notice any discharge, please let one of the nurses know whilst you are in hospital, or contact your GP if at home.

When the scar is healing well, you can rub a small amount of unscented moisturising cream (such as E45) on the area. This will help to soften the scar tissue and relieve the possible numbness.

Avoid heavy lifting or strenuous activity for at least two weeks after surgery.

Combined sun protection is recommended. We advise wearing protective clothing and sun screen with factor 50+, to reduce exposure to UVA and UVB rays.

### **How long will I need to take off work?**

Although every patient is different, if you are working you will be given a sick note for two weeks when you are discharged from hospital. Depending on the type of work you do and how you feel, you can have this extended by your GP.

### **When will I be followed up after my surgery?**

If you have had surgery for cancer treatment or suspected cancer, you will have an outpatient

## Information for Patients

---

appointment with your consultant about three weeks later. If your surgery was for a benign tumour or thyrotoxicosis, your appointment may be six weeks after surgery.

### What support is available to me?

If you are undergoing cancer treatment, you can contact your CNS for advice and support throughout your treatment pathway. The head and neck team also have a specialist counsellor. Please speak to your CNS if you feel this is something you feel you would benefit from.

### Can I decline surgery?

Yes. It is your right to choose what treatment option is best for you. You should discuss with your consultant any alternative treatment options or why surgery is the best suggested treatment option for you. Your consultant should also inform you what the likely effects are if you choose not to have surgery.

### Will there be any delays or cancellations?

There are occasions where delays in your appointment times are unfortunately unavoidable. If you are admitted to the admissions lounge at the Queen Elizabeth Hospital Birmingham, you will not be asked to get changed and get ready for your surgery until a bed on the post-op ward (Ward 408) has been confirmed. Your surgical team will make you aware if they have concerns your operation may be cancelled

## Useful Contacts

### Mr. Ahmad

Consultant Otolaryngologist/Head and Neck/Thyroid and Parathyroid Surgeon  
Telephone: 0121 424 1095

### Mr Sharma

Consultant Otolaryngologist/Head and Neck/Thyroid and Parathyroid Surgeon  
Telephone: 0121 371 4807

### Kimberley Wroe/Abbie O'Loughlin

Thyroid Clinical Nurse Specialist  
Telephone: 0121 3714692

### Des McGuire

Head & Neck Counsellor  
Telephone: 0121 371 7240

If you require this information in another format, such as a different language, large print, braille or audio version, please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).