THYROIDECTOMY

BRIEF DESCRIPTION

Thyroidectomy is an operation to remove part or all of the thyroid gland. Typically, the operation removes the lobe of the gland containing the lump and possibly the isthmus. General anesthetic is required.

WHY IS THIS OPERATION NECESSARY?

Thyroid surgery may be required when imaging shows nodules with worrisome characteristics or nodules getting bigger. Also may be necessary if needle aspiration is reported as suspicious for cancer. The trachea (wind pipe) or the oesophagus (food pipe) may be compressed because one or both lobes are very large therefore necessitating surgery. Finally the lump in the neck may be causing cosmetic embarrassment. Entire or nodule in gland is hyper functioning (Surgery is one of the options to cure the problem)

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Many factors are taken into consideration before deciding whether surgery is necessary and also what type.
Discuss with your surgeon in detail if you are not sure.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be very small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis (blood clot in the legs that may travel to the lungs), or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

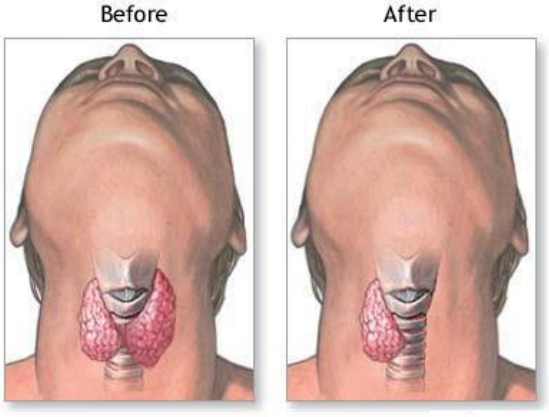
Complications are very rare but may include: bleeding, a hoarse voice, difficulty swallowing, and numbness of the skin on the neck, vocal cord paralysis, low blood thyroid hormone or calcium. Occasionally the wound swells due to a buildup of blood in the neck within 24hours after the operation. Rarely the wound needs to be re-examined in theatre.
If the gland is very large, then the voice may be a little hoarse after the operation due to pulling on the nerves to the voice box. A very rare complication is damage to the vocal cord nerve resulting in permanent hoarseness. Rarely tingling in the fingers or the lips is felt after the operation due to an effect on the parathyroid glandsin the neck. Chest infections may arise particularly in smokers.
Wound infection is a rare problem and settles down with appropriate treatment. Aches and tinges may be felt in the wound for up to 6 months. Occasionally there may be numb patches in the skin around the wound, which gets better after 2 to 3 months.

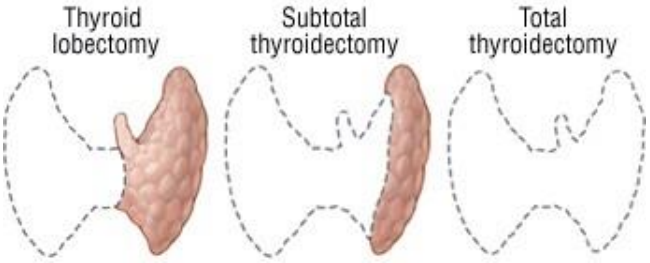
WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anesthetic you will have with your anesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

hours before your operation. However, you should take all your regular medication as usual on the day. You will need to stop certain medication such as disprin, warfarin, plavix or other blood thinning medicines (including homeopathic medication) well before the operation. Please discuss with your surgeon.
This is often a busy period. You may require further investigations to assess your fitness for surgery.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.
When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.
In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anesthetic, the anesthetist who will be giving your anesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.
You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 1 to 2 hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.
You will have a drip in your arm and a drain in your neck. You will usually have a drain in your neck. You will be educated on how to look after it if you are sent home with the drain.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed water, tea or juice in small amounts immediately after the operation, but may only start eating food again when fully awake.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 1 to 2 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

Some symptoms may not be evident for 2 to three days after surgery. If you experience any of the following, call your surgeon. Increasing pain, fever, swelling, wound discharge, shortness of breath, numbness and tingling around the lips and hands.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within the first day or two and full exercise after four weeks.

HOW SOON CAN I DRIVE A CAR?

You can drive as soon as you can make an emergency stop and look around in all directions without hurting your neck. Usually within a week.

HOW LONG WILL I BE OFF WORK?

You should be able to return to a light job within 2 weeks and any heavy job within 4 weeks