



Royal Berkshire
NHS Foundation Trust

Advice following thyroidectomy

Information for patients

This leaflet is for patients who have had surgery to remove the whole or part of their thyroid. If you have any questions, please speak to a member of staff.

You are having/have had the following operation(s):

Lobectomy: surgical removal of the thyroid lobe.

Total thyroidectomy: surgical removal of the whole thyroid.

Subtotal / near total thyroidectomy: surgical removal of one thyroid lobe, isthmus, most of the opposite lobe; small amount of thyroid tissue left behind may produce sufficient thyroxin.

Risks and complications

Your surgeon will have already discussed both the benefits and risks of the operation you are having with you, prior to you signing the consent form. The main risks include scarring, infection, bleeding, haematoma (swelling), need for thyroid hormone replacement or calcium replacement, voice problems.

After surgery

Neck wound

You will have a wound on your neck and you may have some bruising around this area. A surgical drain may be inserted into the wound - this helps to reduce any swelling and collection of blood in the cavity where the gland was. The drain is usually removed the day you leave hospital. You may have some numbness around your wound that should go in a few weeks.

Pain

The wound may be uncomfortable and you may find swallowing uncomfortable for a few days. Taking painkillers regularly, about 30 minutes before meals, and eating a soft diet for a few days will not only make you more comfortable but will assist your recovery. You can take Paracetamol / Ibuprofen for pain relief – they work best if taken regularly and it is important to follow the stated dose.

Food and fluids

Eating and drinking is important as it involves using the muscles of the throat and also you need the nutrition to aid healing. Follow a soft diet for the first few days until you feel comfortable with chewing, and then eat normally.

Stitches/clips

Often dissolvable stitches are used but if not stitches/clips are used. These are removed 2-5 days after surgery. Your nurse or your doctor will advise on this. You will need to make an appointment with the nurse at your GP surgery to have your stitches/clips removed. If necessary, we can make this appointment for you. If you have clips, you will be given a clip remover to take with you for your practice nurse.

Reducing the risk of wound swelling

Sleep with your head elevated if you can. Use 2-3 pillows for this.

Your wound - reducing the risk of infection

It is important that you avoid touching the wound on your neck. If you have to, make sure that you have washed your hands to reduce the risk of infection. Depending on how your wound has been closed you maybe asked to try to keep your wound dry until all non dissolvable stitches/clips are out. Until fully healed, avoid using perfumes or aftershaves, scented soaps or creams as these can irritate the area.

Most thyroid surgeries heal very well, but occasionally you may experience the following:

- Your wound is red, hard and swollen;
 - You feel feverish and unwell;
 - You have increased pain in your neck not controlled by painkillers.
- If you notice any of the above, you may be developing an infection and may require further short course of antibiotics. You need to contact the ENT Outpatient Department (during office hours) or the ward (out of hours) for advice. Telephone numbers are at the back of this booklet. If you have had total, subtotal/near total thyroidectomy, you might be started on thyroid replacement therapy drugs such as thyroxin and/or

calcium supplements (Vitamin D or one Alfa) before discharge, and then monitored as an outpatient. Occasionally, you might be advised to have a blood test at your GP surgery before your outpatient appointment when your blood results will be discussed with you.

Things to look out for:

If you experience a hoarse voice, muscle spasm, or numbness and tingling of hands, feet and lips, contact the ENT department or the ward as above for advice as you may need your thyroid function and calcium checking and may require replacement therapy or if you are already taking thyroid replacement drugs, you may need your drugs monitoring/adjusting.

Returning to work

You will need to take up to two weeks off work, depending on the nature of your job. You may need a sick certificate for your employer so please ask your doctor or your nurse before you leave hospital.

Follow-up

You will usually be seen in an outpatient clinic following your surgery. An appointment will be sent to you in the post. If you cannot attend please telephone 0118 322 7139 to arrange another one.

We wish you a speedy recovery and hope this leaflet has been useful.

Contact us

- Dorrell Ward 0118 322 7172
- ENT appointments (CAT 1)
0118 322 7139

Visit the Trust website: visit www.royalberkshire.nhs.uk

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