

## Introduction

Thyroid gland is an endocrine gland with right and left lobes on either side of the trachea, connected by an isthmus located in front of the trachea just below the cricoid cartilage. It is responsible for production and secretion of thyroid hormone, which, in turn, has a major role in regulating many aspects of health including :

1. metabolism of fat, protein, sugar and starch
2. body weight
3. body temperature
4. mental alertness.
5. growth in children

## The Operation

1. General anaesthesia.
2. Make skin incision in the neck; Separate tissues, blood vessels, and nerves to access the gland.
3. Remove part or all of thyroid gland, including lymph nodes in the area in case of thyroid cancer.
4. A drainage tube may be inserted which is usually removed 1-2 days after surgery.
5. Close the wound

## Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.
6. Specific preparations for Total Thyroidectomy: blood tests including T3 / T4, TSH, type and screen to prepare for transfusion, electrocardiogram, chest x-ray.

## Postoperative Instruction

### General

1. You will be nursed in a head up position after surgery, usually around 30 degrees to relieve oedema locally.
2. Overnight bed rest is recommended though you are encouraged to get up and move around the next day.
3. Blood tests will be performed regularly to check calcium levels.
4. You should report to your doctor or nurses any symptoms of hypocalcemia including numbness around the mouth and fingers or tightness and spasm of hands and feet. Oral or intravenous calcium will be administered if necessary as ordered by your doctor in the presence of hypocalcemia or significant symptoms.
5. If you find difficulty in breathing or experience excessive pressure over the wound, this may indicate haematoma formation. Notify the doctor or nurse immediately.
6. Take the pain-relieving medication as prescribed whenever necessary.
7. Recovery is usually smooth and you should expect to go home within 2-3 days after surgery.

### Diet

Resume clear fluid diet, usually 4 hours after anaesthesia, and when taking sips of water well. Then fluid diet, soft diet and normal diet gradually, according to doctor’s advice. Swallowing and eating may be associated with discomfort for the first 24 hours as you might have pain and swelling around your neck.

**Common Risks and Complications** (not all possible complications are listed)**Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease
3. Allergic reaction and shock

**Procedure related complications*****Common Risks and Complications ( $\geq 1\%$  risk)***

1. Bleeding
2. Infection
3. Haematoma
4. Scar problem
5. Thyroid insufficiency requiring life long thyroxine replacement
6. Recurrent laryngeal nerve injury with aspiration and hoarse voice (in unilateral injury) or airway obstruction (in bilateral injury)
7. Parathyroid insufficiency causing muscle cramp requiring life long replacement medication

***Uncommon Risks with Serious Consequences (<1% risk)***

1. Pneumothorax
2. Thyroid crisis (in thyrotoxic cases)
3. Tracheomalacia causing airway problem
4. Death due to serious surgical and anaesthetic complications

**Things to take note on discharge**

1. Take medications prescribed by your doctor if required and follow up as scheduled.
2. Resume daily activity gradually if no more wound pain and after assessed by doctor.
3. In cases of malignant tumour, radioactive iodine therapy may be needed.
4. Keep dressing intact and avoid vigorous exercise of neck.
5. Contact your doctor or a nearby Accident & Emergency Department if you find the followings: fever, difficulty in breathing, increasing pain or redness around the wound and discharge from the wound.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

**Reference**

Hospital Authority: "Thyroidectomy" (2023)

Smart Patient Website: [http://www.ekg.org.hk/pilic/public/ENT\\_PILIC/ENT\\_Thyroidectomy\\_0147\\_engchi.pdf](http://www.ekg.org.hk/pilic/public/ENT_PILIC/ENT_Thyroidectomy_0147_engchi.pdf) (06-07-2023)