

NORTH COUNTY EAR, NOSE AND THROAT –  
HEAD AND NECK SURGERY  
Pediatric and Adult  
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## Thyroid Surgery

Here is some information on the surgery that might benefit you. Based on the information available so far, that surgery is likely to be:

- \_\_\_\_\_ right thyroid lobectomy
- \_\_\_\_\_ right thyroid lobectomy with possible total thyroidectomy
- \_\_\_\_\_ left thyroid lobectomy
- \_\_\_\_\_ left thyroid lobectomy with possible total thyroidectomy
- \_\_\_\_\_ other: \_\_\_\_\_

### *What is the thyroid gland?*

The thyroid is a butterfly-shaped gland located in the front of the neck just below the voice box (Adam's apple). It is a small, soft gland that wraps around the front of the trachea (windpipe). The gland uses iodine to produce thyroid hormone, which has a key role in regulating such functions as energy level, heart rate, rate of metabolism, mental alertness, menstrual periods, and body temperature.

### *When is thyroid surgery needed?*

Surgery of the thyroid gland may be recommended if there is:

- a lump or tumor that may be cancerous
- enlargement ("goiter") that is causing breathing, swallowing, or cosmetic problems
- over activity (hyperthyroidism, thyrotoxicosis)

### *How is thyroid surgery usually performed?*

Thyroid surgeries are generally performed in the hospital operating room under a general anesthetic. The surgery usually takes 1.5 hours to 3 hours and patients remain in the hospital overnight.

An incision is made in the front of the neck along the collar line. Depending on the reason for the surgery, part or all of the thyroid gland is removed. Great care is taken not to injure the nearby voice nerves and calcium glands. A small drain is placed and then usually removed within a few days. This is easy to care for at home.

The early signs of low calcium include numbness, tightness, or tingling around the lips or within the face or hands. There may also be actual muscle spasms. You should tell your nurse (while an inpatient) or go to the emergency room or call the clinic (if already discharged) if these symptoms arise. You would have your calcium level checked, a few other electrolytes checked, possibly have an EKG, and possibly be started on calcium supplementation.

### *What is needed before surgery?*

All patients will have a blood test. Females, if appropriate will have a pregnancy test. According to your age, other medical conditions, and the type of surgery planned, you may need to have additional blood work, an EKG, a chest x-ray, and/or see another specialist for "medical clearance" before the surgery.

### *What should I expect after surgery?*

Sore throat, neck discomfort, and hoarseness are common. Some patients are nauseous from the anesthetic and / or pain medication. There will be medication to control these symptoms. Energy will be fairly low and it may be uncomfortable to eat.

Sleeping semi-upright is encouraged to minimize swelling within the skin and deep in the neck. Many patients sleep in a recliner chair for 3 to 4 days after they go home.

Pain is manageable with the pain medication prescribed. However, it may linger for over 2 weeks. Expect headaches, neck aches, and fatigue for about 1 month after surgery. You should not be afraid to move your head as you wish starting the day of surgery. In fact, gently flexing, rotating, and stretching your neck muscles will minimize the stiffness. This will also help with the feeling of throat and neck "fullness" experienced by most patients. This can last up to 2 months after surgery.

Diet is only limited by how uncomfortable it is to swallow. Soft foods and liquids are the easiest. But there is no harm in eating or drinking whatever is tolerable.

Most patients require 2 weeks off from work. You are limited to rest and quiet activity for 10 days since vigorous activity can cause bleeding. Vigorous activities, such as working out at the gym, can be resumed 2 to 3 weeks after surgery. You may drive when you feel comfortable turning your head and are no longer taking narcotic pain medication.

Do not take aspirin, ibuprofen, Motrin, or Aleve-type medicines for 10 days before or after surgery because they can cause bleeding. They must be avoided. Regular Tylenol is OK, but not within four hours of the prescribed pain medication since it, too, contains Tylenol (acetaminophen).

You should call the doctor for a sustained temperature over 101 (after 36 hours from surgery), persistent vomiting, bleeding as described below, or an inability to drink or eat for a 24 hour period.

Visits to the office will be arranged for after the surgery.

### *What about my incision?*

Most incisions are 2 to 3 inches long and heal quickly. You will gently cleanse the incision three times a day with saline on a q-tip followed by an antibiotic ointment for 10 days after surgery. If needed, you should gently dissolve and "tease away" large blood crusts with a 50%/50% diluted hydrogen peroxide/saline mixture on a q-tip.

The doctor will use as short an incision as possible, and, as such, may need to stretch the skin significantly during the surgery. The stretched skin edges may initially darken and crust and be alarming in appearance. However, these areas generally heal beautifully and most patients prefer this, rather than a longer incision.

There is swelling and firmness under the incision for several months. This is very pronounced above the incision and may worsen for 1 to 2 weeks before it starts to subside. The top edge may appear to bulge over the incision until the swelling subsides. Numbness along the incision improves over several months in most patients. Some patients have a limited area of permanent numbness.

Incisions are watertight after about 24 hours and you may shower at that time, even if you have a drain in place. Allow the soapy shower water to contact the incision but do not vigorously rub the incision for 10 days. Gently pat the area dry.

Incisions get redder and more noticeable for 2 months and then start to fade. However, the healing skin is sensitive to UV radiation and you should use Factor 30 or higher sunscreen over the incision for one year after surgery to minimize darkening.

You are encouraged to start a Vitamin E-containing ointment or moisturizer starting 10 days after surgery and to start deep massage of the incision starting 2 - 3 weeks after surgery once cleared by the doctor.

*What medications will I go home with?*

A narcotic pain medication and an antibiotic ointment are standard. Thyroid hormone, calcium, and Vit D may also be prescribed.

*What are the risks of surgery?*

Usually the surgery goes well and heals uneventfully. However, all surgeries have their risks and limitations. The risks noted below, unless otherwise stated, occur in about 5% or less of the patients.

Bleeding, infection, unsightly scar, or temporary or permanent hoarseness. If one or both voice box nerves are injured, patients can still talk. However, the vocal quality will be altered.

If just one side of the thyroid is removed, there is a risk to one of the voice box nerves. If this occurs and affects the voice, speech therapy may be needed. If that is needed and not helpful, a small surgical procedure may be needed to improve the voice. There is very little risk to the calcium glands if only one side of the thyroid is removed.

If the entire thyroid is removed, patients may need to take calcium and Vitamin D every day for several months or years. If the entire thyroid is removed there is a very small risk that both of the voice box nerves could be injured. If that occurs it can cause problems breathing that necessitate an emergency tracheotomy. This is very rare.

Failure of surgery to improve symptoms thought to have come from pressure from an enlarged gland (such as difficulty breathing or difficulty swallowing.)

*What are the alternatives to surgery?*

The alternatives are not to have surgery and, instead, to continue to observe any nodules and/or to tolerate any difficulty breathing, swallowing problems, or cosmetic problems. In cases where there may be a tumor, delaying the surgery may lead to the need for more extensive surgery in the future and a worse prognosis.

*Please let us know if you have any questions.*

*Julie A. Berry, M.D. Marc J. Lebovits, M.D.*