

## **What to Expect in Thyroid Surgery**

The thyroid gland is located on the lower front portion of the neck (Fig 1). It produces thyroid hormone, which simply put, regulates the production of energy in your body. A healthy thyroid gland is shaped like a butterfly, with the right and left lobes connected by a bridge called the isthmus. Depending on the reason for surgery, all or part of the thyroid gland may be removed. Nodules or lumps are commonly found in the thyroid gland and the majority of these nodules are benign or non-cancerous. Occasionally there may be many nodules in the thyroid gland in a condition known as multinodular goitre. This can result in compression of the trachea (or airway), or oesophagus to cause breathing or swallowing difficulties. Cancers can also occur in the thyroid gland, including papillary and follicular carcinoma, medullary carcinoma, and rarely lymphoma or anaplastic carcinoma.

## **Why do I need thyroid surgery (also known as thyroidectomy)?**

You will usually be advised to have a thyroidectomy for one or more of the following reasons:

1. Removal of a malignant (cancerous) or benign (non-cancerous) thyroid tumour.
2. Treatment of thyrotoxicosis, in which an overactive thyroid gland is producing extremely high levels of thyroid hormone.
3. Removal of part or all of a goitre which is pressing on neighbouring structures in the neck such as the trachea or oesophagus.
4. To remove and evaluate an undiagnosed thyroid mass.

## **What happens during the procedure?**

The operation involves delicate surgery and usually takes 1-2 hours depending on the size of the nodules or goitre. You will be administered general anaesthesia which means you will be unconscious for the whole operation. The operation is usually performed through an incision on the front of your lower neck in one of the natural skin lines. These incisions normally will heal very well without any problems or obvious scars (Fig 2).

You may have one or two wound drains to collect excess fluid which normally occurs after your surgery. The drains are small plastic tubes which are inserted at the end of the operation and are connected to a plastic collection bottle. The drains are not painful and you can carry them around with you. These tubes are usually removed 2-3 days after the operation and most patients are discharged home the day after surgery with these tubes. You will then return to the centre for removal of these drains.

### **What to expect after surgery?**

Most patients will be admitted to the ward for observation after surgery. Your length of stay in hospital will depend on the extent of your surgery. Many patients who have partial thyroidectomy will only require an overnight stay, whereas patients who had their entire thyroid glands removed may stay between 2-4 days.

You may experience temporary post-operative symptoms. These include:

1. Drowsiness and nausea
2. Neck pain and discomfort
3. Pain on swallowing.

You will be given painkillers for 5-10 days, and these symptoms usually will disappear after 1-2 days. The majority of patients will experience minimal symptoms after 1 day and are able to eat normally the evening after surgery.

### **What are some of the risks of surgery?**

Thyroidectomy is generally a safe surgical procedure. However some patients may experience minor complications. These include:

1. Hoarseness. The voice box and its nerves are closely related to the thyroid gland and may be affected during surgery. If this happens, you may notice a change in your voice. This is usually temporary should it happen, and most patients will have a full recovery of their voice after a few weeks. It is important that the surgeon identify the nerves confidently to prevent accidental damage.
2. Hypocalcaemia. The parathyroid glands which control the blood calcium levels are also closely located next to the thyroid gland, and may be affected during surgery, especially when the entire thyroid is removed. If this happens, the blood calcium levels will fall and you may experience numbness, tingling or cramps of the face, hands and feet. This can be easily treated by giving calcium supplements, either by intravenous drip and/or by tablets. However this complication can be prevented by carefully dissecting the parathyroid glands during surgery.

Useful links:

<http://www.thyroid.org/patients/faqs.html>

<http://www.british-thyroid-association.org/info-for-patients/>

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Fig 1

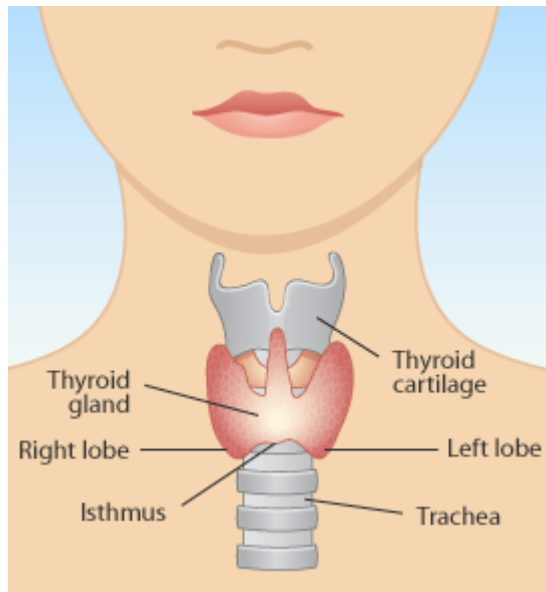


Fig 2



Before surgery



Post surgery