Thyroid Surgery

This leaflet is available in large print and audio version - call 01384 244418

This leaflet can be made available in other languages. If required please contact the Patient Information Co-ordinator on 01384 244418

Under review
Thyroid Surgery

What is the thyroid gland?

The thyroid gland is situated in the lower front part of the neck. It partly surrounds the voice box (larynx) and the windpipe (trachea) it produces hormones called thyroxin and calcitonin, which help, regulate your metabolic rate.

Thyroid Lumps

Lumps within the thyroid gland are the most common reason for referral to an ENT surgeon.

Choosing Surgery

The majority of thyroid lumps are benign (non cancerous) and thyroid cancer is rare. The options in regard to surgery for thyroid lumps or waiting to see how things progress will be discussed. There is no alternative to the surgery for removal of the lump, the decision however is always yours.

If you decide to have the operation you will be invited to attend a pre-admission clinic on ward B6. You will see a doctor and a nurse who will assess your health needs and arrange any routine investigations, which may be needed prior to your operation.

This gives you the opportunity to ask questions and discuss any concerns you may have regarding the operation.

You should expect to be at this clinic for a few hours, however in exceptional circumstances a delay is unavoidable.

Thyroidectomy

This is the surgical removal of all (total) or part (hemi) of your thyroid gland. The procedure is performed under a general anaesthetic. It is of a delicate nature and can take up to 3 hours.

The operation involves an incision being made in the front of your neck and normally follows a natural skin line, there should not be a visible scar. Once the lump is removed one or two suction drains are placed in position and the skin is closed with clips or stitches. The drains help to prevent fluid collecting under the skin and are normally removed within 48 hours.
What are the risks?

You need to be aware that all surgical procedures carry possible risks and complications. The level of success depends on the severity of the problem, the age, health and co-operation of the patient.

Haematoma

Occasionally a blood clot will form under the skin. The majority of these will resolve without treatment but sometimes a small operation is required to remove it.

Voice Weakness

After your operation your voice may become a little weak and / or hoarse. This is normally due to pressure on the nerves that supply your voice box and should resolve over the following weeks. In a very small number of cases this voice change may be permanent.

After the operation

On return to the ward you have an oxygen mask over your mouth and nose and an intravenous drip in your hand or arm. These should be removed over the following 48 hours.

You should be able to eat and drink normally within a few hours after your operation.

Your neck may feel a little tight, swollen and painful after your operation. You will be offered painkillers to help relieve this.

If all of your thyroid gland is removed you will need to take a hormone replacement therapy called thyroxin. You will be advised by your consultant when to start taking this. It is a life long medication and your GP will arrange regular blood tests to monitor your levels. You are exempt from prescription charges when on thyroxin. Your calcium levels may drop temporarily after the operation and you may need supplements to control this. Blood tests will monitor your levels.

After discharge from hospital

The average stay is 4-7 days. You are advised to stay off work for 2 weeks and the ward will issue you with a sick note. If you feel you require longer you will need to see your GP.

You will be reviewed in the outpatient department in a few weeks, an appointment will be sent to you in the post.

Your wound may be painful when you go home so you will be given painkillers to take with you.

You should keep your neck wound clean and dry until your stitches or clips are removed.
You are advised to take it easy and avoid strenuous activity and heavy lifting for two weeks.

You should telephone the ward if:

- Your wound becomes red, hot to touch, bleeds or weeps.
- Your pain gets worse despite regular painkillers.
- You get a tingling sensation in your hands and / or fingers.

Tel: 01384 244125  Ward B6 West

**Further information**

If you require any further information regarding our services, you can contact:

Sr. K Brookes, CNS Head and Neck, Ward B6 RHH ,Tel:01384 244125

**Originator:** Sr K Brookes, CNS Head and Neck  
**Date Originated:** September 2007  
**Version:** 2  
**Date for Review:** September 2012