

## Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

### Thyroidectomy or Partial Thyroidectomy

#### Definition

Thyroid = a butterfly-shaped endocrine gland in the neck that is found on both sides of the trachea (windpipe). It secretes the hormone thyroxine which controls the rate of metabolism.

-ectomy = surgical removal

Partial = not total or entire

This procedure involves removal of all or part of the thyroid gland. The thyroid gland produces hormones that help regulate your metabolism. This gland is located in the front of the neck below the voice box.

#### Purpose of Procedure

There are two reasons why this procedure is done: to remove a nodule to check for malignancy, and to remove the majority of the gland due to over activity.

#### Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

#### Procedure

This procedure involves making an incision in the front of the neck below the thyroid gland. The incision is made along the natural skin lines to reduce the appearance of a scar. The incision is extended down through the soft tissue in the neck to expose muscles that lie over the thyroid gland. These muscles are then retracted. Blood vessels to the thyroid gland are identified and cut. Other gland found on each side of the thyroid gland, called the parathyroid glands, are identified and protected. Nerves that travel under the thyroid gland and move the vocal cords are also identified and protected. The abnormal portions of the thyroid gland are then removed. Bleeding is controlled with suture material or electrocautery. In some instances, this surgery is performed for cancer, and the surrounding lymph nodes in that area may be checked for any spread of the cancer. A drain is placed in the surgical site. The wound is closed in layers using absorbable and removable suture material. A surgical dressing will be applied.

### **Post Procedure**

You will be in the recovery room before being transferred to a regular hospital room. Pain medication will be prescribed to manage discomfort. Dressings will be changed daily until drainage is minimal and then the drain is removed. Discharge from the hospital will then be arranged. A follow up appointment for suture removal will be scheduled. Water exposure on the site of the incision should be avoided until the sutures have been removed. Pain medication may be needed for up to two weeks.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

### **Expectations of Outcome**

This procedure should result in removal of the abnormal tissue and restoration of a more normal thyroid function.

### **Possible Complications of the Procedure**

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Scarring
- Injury to the nerves that move the vocal cords, resulting in hoarseness or impaired speech
- An underactive parathyroid with a lifelong need to supplement calcium
- Lifelong need for thyroid medication
- Airway obstruction, although rare

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).