



Wayne J. Harsha, MD

THYROID SURGERY

POSTOPERATIVE INFORMATION/INSTRUCTIONS

THIS INFORMATION WAS ADAPTED FROM THE UNIVERSITY OF MICHIGAN PROTOCOL, WHICH MAY BE FOUND HERE:

<HTTP://WWW.MED.UMICH.EDU/1LIBR/SURGERY/GENSURGERY/ENDOSURGERY/THYROIDECTOMYPARATHYROIDECTOMY-POSTOP.PDF>

1. What should I expect after my surgery?

- Your recovery will depend on why you had surgery, the type of surgery performed, and your previous activity level.
- Neck incisions heal rapidly. You may shower and wash gently with soap and water over the incision 36 hours after surgery.
- You may see swelling or bruising develop in the area around the incision 1-3 days after surgery. You may also notice swelling, firmness, a pulling sensation, or even some trouble swallowing. This often increases over the first 1-2 weeks and then begins to resolve over 6-8 weeks. These are normal sensations.
- Your scar will be most visible for the first 1-2 months after surgery, improve significantly over 2-3 months, and gradually fade over the next 6-9 months.
- UV rays from sunlight can make your scar darker than normal. Once your surgical dressing has come off and any surgical adhesive has dissolved, please use sunblock (SPF >30) over your incision on a daily basis and reapply frequently when outdoors for long periods of time.
- Do not expose your incision to the lights used in tanning salons.
- Allow one full year for your incision site and scar to take its final form, color, and consistency. The scars are often barely noticeable, but everyone heals their scars in their own way. If you are concerned about the appearance of your scar after a year, there are options for treatment.

2. Will my neck hurt?

- Most patients experience very little pain from the incision and may complain more about a sore throat from the breathing tube. You may experience stiffness or soreness in your shoulders, back, or neck. Tension headaches may also be experienced and can take a few days to go away. These are common symptoms and are best treated with anti-inflammatories, warm compresses, and light massage. You may also use a heating pad on the affected areas for 15-20 minutes at a time several times a day. Do not sleep on the heating pad or leave the heating

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pad directly on the skin for extended periods of time so as to prevent accidental injury or burns.

- The skin just above and below your incision will feel numb. This will usually improve over several months, although this can be permanent in some patients.
- You may apply a cold pack over your incision to relieve any pain and help minimize swelling. This is most beneficial in the first 24 hours after surgery.
- Do not be afraid to move your neck. You may move your head in all four directions. Be careful about looking upward to any great extent so the edges of the incision do not separate.

3. Will my voice be affected?

- Your voice may be slightly hoarse or weak after surgery. This is normal and does NOT mean there was damage to the nerves that make the vocal cords move. The breathing tube used during surgery often irritates the vocal cords. Your voice will usually return to normal within 6-8 weeks after surgery and often after only several days.

4. How do I take care of my incision?

- You may shower 36 hours after surgery. Wash gently over the incision with soap and water, and then gently pat the incision dry.
- Your incision was closed with skin 'glue', you may notice tiny pieces of yellow/white material on your washcloth. This is normal.
- Do not apply ointments, powders, Vitamin E cream, moisturizers, or antscar creams to the incision until you see your physician back in clinic for your postoperative visit.

5. How will I manage my pain at home?

- In general, over the counter acetaminophen (Tylenol) is more helpful than stronger narcotic pain medicines for these types of surgeries
- A prescription for a stronger pain medication or narcotic (such as Oxycodone) will be given to you at the time of discharge. Do not feel you need to automatically fill this prescription. If you are doing well with over the counter medications alone, that is fine. The prescription is to be filled only if you feel you need it. Do not waste your money. Do not drive a car, operate other heavy equipment, or drink alcohol while taking narcotic medications.
- Narcotics may cause constipation. Stool softeners (Colace), fiber (fruits, bran, vegetables), and extra fluid may help. A stimulant laxative (Senokot) may also help.
- Do not take Milk of Magnesia. It competes with calcium supplements for adsorption.

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6. Can I resume my previous medications?

- Yes, unless directed not to by your doctor. Please read your discharge summary for the latest and most up to date list of medications you should take.
- Before discharge, be sure to review your medications with your doctor or inpatient medical team if you have any questions about what medications you should or should not take.

7. What new medications might I need to take?

- Thyroid Hormone: If you had thyroid surgery, you may be prescribed a type of thyroid hormone replacement called levothyroxine (Synthroid, Levothroid, Levoxyl, etc.). You should take your thyroid hormone medication on an empty stomach and by itself. Avoid taking calcium or any other medication within an hour of taking your thyroid hormone pill. A blood test will be done in 6-8 weeks to ensure the amount prescribed is correct. If you have thyroid cancer and will need to have a radioactive iodine scan, you will likely be placed on liothyronine (Cytomel) instead of levothyroxine. After your radioactive iodine scan, you will be placed on levothyroxine.
- Calcium Supplement: Your body's calcium level may decrease after undergoing total thyroidectomy, completion thyroidectomy, or parathyroidectomy. We recommend you purchase:
 - Os-Cal with Vitamin D. This is available at most pharmacies and grocery stores as an over-the-counter medication. You do not need a prescription for this. The cost is approximately \$10-\$15 per bottle. Citracal Maximum (calcium citrate 500 mg with 200 IU Vitamin D3): 2 tablets of calcium = one "serving". Each tablet has 500 mg calcium per tablet.
 - The standard dose following surgery is 2 tabs three times daily; however, the overall dose and the number of times during the day you should take the medication following surgery will depend on your surgeon's instructions.



- Vitamin D: If you are vitamin D deficient, your doctor may prescribe a Vitamin D supplement such as calcitriol (Rocaltrol) or high dose ergocalciferol in addition to the small amount contained in the calcium tablets. The prescription should be

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filled before you leave the hospital as many pharmacies do not regularly stock these medications.

8. When should I call my doctor?

Most patients have no problems after surgery, but if you are concerned, please do not hesitate to call us for the following situations:

- If you have trouble talking or breathing.
- If the area around your mouth/lips or the tips of your fingers on both sides of your body become numb and begin to tingle, this may indicate your calcium level is low. These symptoms may also be related to side effects of some pain medications, the position of the breathing tube during surgery, positioning of your arms and hands in the operating room, or how you were positioned when sleeping at home. If the numbness and tingling sensation does not go away within half an hour or worsens prior to that time, please call us so we may determine the cause of these symptoms. Your calcium supplementation may need to be increased. Occasionally, we will ask you to have labs drawn.
- If you develop a fever greater than 101.5 degrees Fahrenheit. We do not recommend you regularly take your temperature. Take your temperature only if you feel like you have a fever. It is common to have a low grade fever in the late afternoon/early evening. This does not mean you have an infection.
- If your incision becomes red or begins to drain fluid.
- If you are discharged with a drain and the site becomes red, swollen, or you have a large change in the amount of drainage (more or less).
- If you experience significant nausea, vomiting or abdominal pain.

9. When will I receive follow-up care?

- The clinic nurse will call you 1-3 days after your discharge to see how you are feeling.
- You will be scheduled for a return visit at Carolina Pines ENT clinic about 1 week after surgery. If blood tests have been requested at the time of your return visit, please go to the lab before you check-in for your appointment. Remember to take your lab requisition form with you and allow 15-20 minutes to have your blood drawn.

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RISKS OF THYROID SURGERY

The patient meets the indications for thyroid surgery

The risks, benefits, indications, complications and alternatives to this procedure were discussed with the patient/family. The alternatives discussed include observation and continued conservative/medical therapy.

The following risks were discussed:

In experienced hands, thyroid surgery is generally very safe. Complications are uncommon, but the most serious possible risks of thyroid surgery include:

1. bleeding in the hours right after surgery that could lead to acute respiratory distress;
2. injury to a recurrent laryngeal nerve that can cause temporary or permanent hoarseness, and possibly even acute respiratory distress in the very rare event that both nerves are injured;
3. damage to the parathyroid glands that control calcium levels in the blood, leading to temporary, or more rarely, permanent hypoparathyroidism and hypocalcemia.

These complications occur more frequently in patients with invasive tumors or extensive lymph node involvement, in patients undergoing a second thyroid surgery, and in patients with large goiters that go below the collarbone into the top of the chest (substernal goiter). Overall the risk of any serious complication should be less than 2%. However, the risk of complications discussed with the patient should be the particular surgeon's risks rather than that quoted in the literature. Prior to surgery, patients should understand the reasons for the operation, the alternative methods of treatment, and the potential risks and benefits of the operation (informed consent).

Responsible Party Signature: _____ **Date:**