

WHAT IS A THYROIDECTOMY?

A Thyroidectomy involves removal of half or more of the thyroid gland, your surgeon will make an incision (cut) around the area at the base of your throat.

The amount of thyroid gland removed during surgery will be determined by your surgeon according to the severity of your symptoms and the amount of enlargement of the gland.

The part of the thyroid gland which is retained will start to regrow shortly after thyroid may return to normal.

THE ANAESTHETIC

Modern anaesthetics are very safe. In order to have this procedure you will be required to undergo a general anaesthetic.

Your anaesthetist will discuss with you during your pre-operative consultation any queries you may have regarding the anaesthetic for your particular operation.

RISKS

Every operation involves a degree of risk, however modern techniques used during the procedure make it very safe.

Complications can arise after any operation. These may include infection, pneumonia or blood clots in the legs. To help prevent such complications, the nurses caring for you will assist you to get out of bed and walk the day of, or the day after your operation.

WHAT HAPPENS BEFORE SURGERY?

After being shown to your ward, the nursing staff will show you to the location of ward facilities.

If you have not had any investigations performed, the nurse caring for you will review your current health status, and past medical history. You will have your temperature, pulse and blood pressure recorded. It is important to notify staff of any allergies you have at this time.

Your expected length of stay in hospital following thyroidectomy is **2-3 days**. Whether you go home in 2 or 3

days will depend on your progress and the extent of your operation.

You will be asked to change into a hospital gown, prior to transferring to the operating theatre. If ordered by doctor, you may also be fitted with a pair of support stockings (TED stockings). These help prevent blood clots developing in your legs during the operation, and while you are recovering.

A nurse and theatre orderly will transfer you to the operating theatre on your bed.

WHAT HAPPENS TO ME AFTER SURGERY?

- After your operation, you will spend a short time in the recovery area before returning to your ward.
- You will return to your room feeling quite drowsy following surgery. Neck discomfort and/or nausea may be experienced. Please let your nurse know how you are feeling as medication can be ordered to relieve these symptoms.
- You will be observed by nursing staff every ½ hour for 4 hours. Your pulse, blood pressure, respiration rate and dressing will be checked. Your nurse will also check the drain tube in your neck, and observe your throat for any tightness.
- You will have an intravenous infusion (“IV” or “drip”) in your arm to ensure that you have enough fluid until you are able to drink. The IV will also allow analgesic medication to be given to you to control your pain.
- Depending on the extent of your operation, you will have either one or two small drain tubes coming from the operation site in your neck. These drains are fine plastic with small collection devices attached. These drain tubes are essential to prevent a build up of fluid around the wound. The drain tubes are usually removed on the second day after surgery providing the amount of fluid drainage is small.
- Depending on your surgeon’s preference you will have either sutures (stitches) or special metal clips

applied around your wound. You will have a clear dressing over these, which will be changed on the second day after the operation.

- You will be nursed sitting up in bed, your neck supported by pillows. This will help to make you more comfortable and reduces strain on the neck.
- You may experience some tightness and hoarseness of the throat and voice, which will subside in a few days post operation. You will be encouraged not to speak unnecessarily as over use of the vocal chords may prolong the hoarseness.
- You will not be able to eat or drink for at least 4 hours after your return to the ward. You may feel nauseated after the operation. It is important to notify nursing staff of this – there are medications that can be given to you to control nausea and vomiting and make you feel more comfortable.
- Depending on your recovery you may be offered some clear fluid after four hours. If you are able to tolerate fluids, you may then be offered something light to eat.
- You may feel sleepy for up to 12 hours after the operation – this is quite normal. It is important to breathe deeply and cough frequently to ensure that your lungs are well inflated. The nurse caring for you will also encourage you to move your legs, feet and toes. This helps prevent blood clots forming in your leg.
- After four hours, if you feel able you will be allowed to get out of bed. You may require help from your nurse to do this.
- The nurses will ask you regularly if you have any pain. It is important to let them know if you do have a pain, so that the dosage of pain medication you are receiving can be adjusted. Patients who have good pain control tend to sleep better, are able to get out of bed earlier, and are able to breathe and move more comfortably. This is important for a good recovery.

DAY 1 POST OPERATIVE:

- It is important that you start to get out of bed and walk. You may be feeling tired, but short burst of activity, i.e. walking to the bathroom/toilet is a good start. You will be able to shower this morning, as the dressing over your wound is waterproof.
- You will have some pain around the operation site. The amount of pain varies between individual patients. Please ask the nurses caring for you for analgesic medication if you require it.
- Your nurse will continue to observe your neck dressing, drain tube and check your temperature, pulse and blood pressure.
- You will be nursed sitting up in bed or sitting upright in a chair. When sitting up you will need to keep your head well supported with a pillow to help avoid neck strain and discomfort.
- Your nurse will encourage you to take deep breaths and cough regularly to keep your lungs expanded and avoid chest complications.

DAY 2 POST OPERATIVE:

- It is important to drink plenty of water/fluids and try to maintain a normal diet.
- You will be encouraged to increase physical activity by showering and walking around.
- You will also be encouraged to take regular medication to relieve any pain or discomfort.
- Your temperature, blood pressure and pulse will continue to be monitored.
- Your dressing and drain tube may be removed following review by your surgeon.
- Depending on how you are feeling, you may be discharged from hospital today or tomorrow.

DAY 3 POST OPERATION

- You will be encouraged to be independent with showering and walking around.
- It is important to drink plenty of water /fluids and maintain a normal diet.
- You will also be encouraged to take regular medication to relieve any pain or neck tightness.
- Following review by your surgeon, alternate sutures/clips may be removed from your wound.
- Once the sutures/clips have been removed it is

important to exercise your neck to prevent neck soreness and muscle weakness.

- Exercise your neck by flexing the head backwards and forwards gently and turning your head from side to side.
- It is planned that you will be discharged from hospital today.

WHAT WILL HAPPEN WHEN I GO HOME?

The hospital requests that upon discharge you are escorted home by a family member or friend. It is not advisable for you to drive yourself, or to take public transport home. It is recommended that you have someone care for you up to 2 days whilst at home or until you are feeling better.

Activity Limitations

You are advise to rest at home for about two weeks following surgery. Increase your mobility daily and continue gentle activities. If you require a medical certificate please ensure to obtain it prior to your discharge.

Wounds

You will have a neck scar which will fade over 6 to 12 months.

Analgesia

Take regular pain medication as required.

Diet

It is important to maintain adequate diet and fluids. Food high in protein are encouraged as they assist with healing

Follow-up

A follow-up appointment for review by the doctor will be made for you upon discharge from the ward. This will be in one week for removal of sutures.

WHEN TO CONTACT YOUR LOCAL DOCTOR, SURGEON OR EMERGENCY DEPARTMENT

Contact or go and see your local doctor if you have:

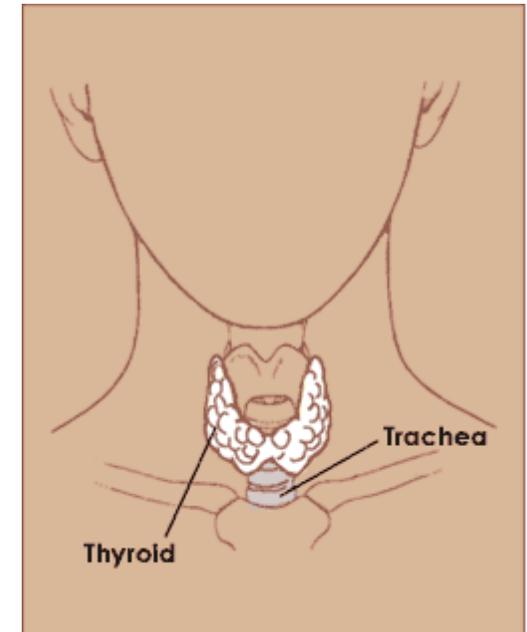
- You experience severe pain
- Persistent nausea and/or vomiting
- Unusual swelling or bruising occurs around the wound
- You notice excessive discharge or unusual odour from the wound

In the case of an emergency, you may contact the Emergency department on Ph: 2160 0999.

PRINCE COURT MEDICAL CENTRE

A GUIDE FOR PATIENTS HAVING

THYROIDECTOMY



This pamphlet is a guide and is no substitute for a full and open discussion of the risks and benefits of the proposed procedure, these should be discussed with your doctor. The specific details of your care may vary from the matters discussed in this guide

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