



MY ENT SPECIALIST
Experts that Care

Partial or Hemi Thyroidectomy - Post operative instructions

Before your surgery

- You will need to take around 1 week off work.
- If you have young children, see if you can arrange some help for the week following your surgery.
- **Blood thinning medications** such as Aspirin, Plavix, Xarelta or Warfarin, you will need to stop them before the operation please call our nurse for advice ASAP before your surgery.
- **Neomercazole and beta-blockers**- some patients with overactive thyroid glands may be placed on these medications to control their symptoms whilst they await surgery. It is important that you continue to take these medications up to and including the day of your operation.

After your surgery

What should I expect?

- **A neck wound** you will have a small wound around 3-4 cm long in the lower part of the neck. This is generally closed with dissolving stitches and should be covered with a waterproof dressing for the first week.
- **Drains** – not all patients having a hemi thyroidectomy require a drain. This is a thin plastic tube that takes away blood and fluids from the wound it is generally removed 1-2 days after the surgery. Having your drain removed will not hurt.
- **Discomfort** most patients do not find hemi-thyroidectomy particularly painful but some swelling and bruising in the week or two after an operation is normal, this can be managed with mild painkillers such as Nurofen and or Panadol.

- **Voice changes.** It is common for the voice to be a little croaky for the first few days following a thyroid operation. This does not mean that the nerves supplying your voicebox have been damaged.

Complications of surgery

Hemi-thyroidectomy is very safe but like all operations there are some complications.

- **Bruising bleeding and swelling** – this is generally mild but in some cases can be more serious. If you develop any major swelling following your surgery please call the rooms for advice. Soft painless swelling is often the result of fluid accumulation called a seroma and can often be dealt with in the rooms.
- **Infections** – infections following thyroid surgery are extremely rare. However, if you develop a swollen or discharging wound or increasing pain in your neck you should call us.
- **Hormone problems** – most patients who have a hemi-thyroidectomy do not require thyroid hormone replacement as the half of the gland left behind is generally enough to produce hormones. Sometimes however the remaining gland does not make enough hormones and you can develop symptoms of an underactive thyroid gland. These would include weight gain, extreme tiredness and lethargy. If you think you have these symptoms call the rooms for advice.
- **Recurrent laryngeal nerve injury** – in expert hands there is an extremely low risk of

damage to the nerves that move your voicebox. If this occurred you would develop a hoarse and husky voice. 1 in 100 patients undergoing thyroidectomy can be affected but only one in a thousand have any symptoms of permanent voice problems.

- ***If you develop any breathing difficulties following surgery call the rooms immediately or go to your nearest emergency department***

Post Operative Care

- **Postoperative review** – this is generally made for two weeks following the surgery. Our nurse will call you to see how you are progressing and also to make you an appointment. If you have not heard from us within five days please call the rooms.

Useful Numbers

Dr John McGuinness

Rooms (office hours)	1300 3620715
Nurse (8am- 8pm)	0418 824 652
Campbelltown Private	4621 9111
Lifehouse at RPA	8514 1850
L'pool Public-ENT Registrar	9828 3000
St George Private	9598 5555
St George Public- ENT	9113 1111