



MY ENT SPECIALIST
Experts that Care

Total Thyroidectomy - Post operative instructions

Before your surgery

- You will need to take around 2 weeks off work. It is normal to feel tired for the first few weeks after a total thyroidectomy.
- 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** – 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 total 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.
- **Thyroid hormone replacement** – after we remove your thyroid gland we will need to replace the hormones it would produce. This

is generally given as a tablet called **Oroxine** that you will need to take every day. It is best taken on an empty stomach first thing in the morning. You should not eat or drink anything other than water for half an hour after you take your thyroid hormones.

- **Parathyroid glands and calcium.** There are four small glands on the back of your thyroid that do a completely different job. They are called the **parathyroid glands** and they make a hormone called **parathyroid hormone** or **PTH**, which controls the amount of calcium in your bloodstream. After total thyroidectomy it is fairly common for the parathyroid glands to stop working and the PTH to drop temporarily. We give all of our patients calcium supplements for at least two weeks to stop them developing symptoms from low blood calcium. You should take 2 Caltrate Tablets twice daily. If your PTH level drops whilst you are in hospital we will also prescribe vitamin D or Rocaltrol to help you absorb more calcium from your intestines.
- **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.

dose to 3 tablets three times daily and call the rooms for advice.

Complications of surgery

Total 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** – you will be given thyroid hormone replacement, **Oroxine**, to take home with you. It is important that you keep this medicine in the fridge and take it regularly on an empty stomach. It can take a few months to work out the exact dosage of your hormone replacement. Too little thyroid hormone can make you feel sluggish and tired and make you put on weight. Too much thyroid hormone replacement can cause you to feel anxious, jittery and make you lose weight. We will generally check your thyroid hormone levels around eight weeks after your surgery and advise you on your appropriate long-term dose.
- **Low calcium levels** – even if we replace your calcium post operatively you may still develop low calcium levels. ***The symptoms of low calcium are tingling or numbness in your fingers toes and lips and cramps and spasms of your toes and fingers. If you develop any of these symptoms you should take three more of your caltrate tablets immediately. If the symptoms do not settle within 15 minutes you should attend your nearest emergency Department. If the symptoms settle then increase your caltrate***

- **Recurrent laryngeal nerve injury** – in expert hands there is an extremely low risk of damage to the nerves that move your voicebox. 1 in 100 patients undergoing total thyroidectomy can be affected but only one in a thousand have any symptoms of permanent voice problems. If both of the recurrent laryngeal nerves stop working then the voicebox cannot open for you to breathe. This would require a temporary tracheostomy or breathing tube. However Dr McGuinness uses electrical vocal cord monitoring, which means that the risk of this happening is very low indeed.
- ***If you develop any breathing difficulties following surgery call the rooms immediately or go to your nearest emergency department***

Post Operative Care

- Take your **Oroxine** tablets regularly
- Take your **Caltrate** as prescribed
- Take your **Rocaltrol** as prescribed
- **Post-operative blood tests** – you will need a blood test to check on your calcium and PTH two days before your review appointment. The hospital should give you the forms for this. If they do not please call the rooms.
- **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.
- **Radio Active Iodine** – in some patients who have thyroid cancer particularly if we think it may have spread to the lymph glands of the neck we will recommend follow-up treatment with radioactive iodine. This treatment is generally given 6 to 8 weeks following surgery. We will advise you if you need this treatment at your post-operative visit.

Useful Numbers

Dr John McGuinness

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