

UOA MS**ES Felekouras MD**

61 B Laskou St.
Athens 15669
2106561718

Patient Name:**Special Instructions:****Follow Up:**

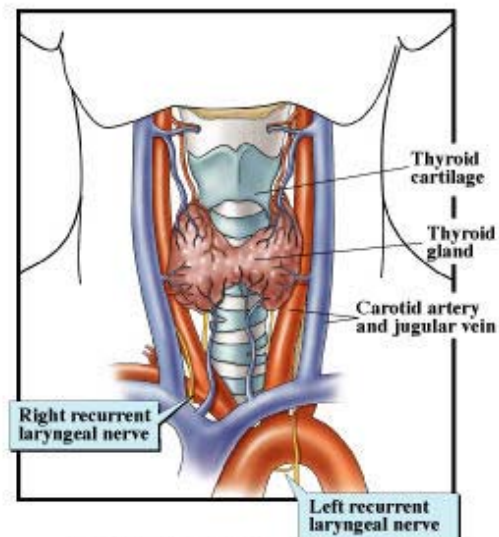
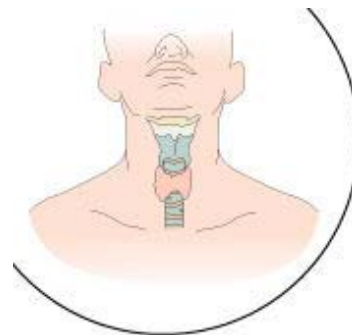
Thyroidectomy

Thyroidectomy is the removal of part or all of your thyroid gland. Your thyroid gland is a butterfly-shaped gland at the base of your neck. It produces a substance called thyroid hormone, which regulates the physical and chemical processes that keep your body functioning and make energy available to your body (*metabolism*).

The amount of thyroid gland tissue that is removed during a thyroidectomy depends on the reason for the procedure. Typically, if only a part of your gland is removed, enough thyroid gland tissue remains to maintain normal function. If your entire thyroid gland is removed or if the amount of thyroid gland tissue remaining is inadequate to maintain normal function, you will need life-long treatment with thyroid hormone on a daily basis.

Thyroidectomy maybe performed when you have the following conditions:

- Thyroid nodules. These are small, abnormal collections of tissue that form inside the thyroid gland. If these nodules begin to enlarge at a rapid rate, a sample of tissue from the nodule is taken through a needle and examined (*needle biopsy*). This is done to determine if the nodules are cancerous. Depending on the outcome of this exam, thyroidectomy may be necessary.
- Thyroid cancer.
- Goiter, which is an enlarged thyroid gland. All or part of the thyroid gland may be removed if the gland has become so large that it causes difficulty breathing or swallowing.
- Hyperthyroidism. This is when the thyroid gland produces too much thyroid hormone. Hypothyroidism can cause symptoms of fluctuating weight, intolerance to heat, irritability, shortness of breath, and chest pain.



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LET YOUR CAREGIVER KNOW ABOUT:

- Allergies to food or medicine.
- Medicines that you are taking, including vitamins, herbs, eyedrops, over-the-counter medicines, and creams.
- Previous problems you have had with anesthetics or numbing medicines.
- History of bleeding problems or blood clots.
- Previous surgeries you have had.
- Other health problems, including diabetes and kidney problems, you have had.
- Possibility of pregnancy, if this applies.

BEFORE THE PROCEDURE

- **Do not** eat or drink anything, including water, for at least 6 hours before the procedure.
- Ask your caregiver whether you should stop taking certain medicines before the day of the procedure.

PROCEDURE

There are different ways that thyroidectomy is performed. For each type, you will be given a medicine to make you sleep (*general anesthetic*). The three main types of thyroidectomy are listed as follows:

- Conventional thyroidectomy-A cut (*incision*) in the center portion of your lower neck is made with a scalpel. Muscles below your skin are separated to gain access to your thyroid gland. Your thyroid gland is dissected from your windpipe (*trachea*). Often a drain is placed at the incision site to drain any blood that accumulates under the skin after the procedure. This drain will be removed before you go home. The wound from the incision should heal within 2 weeks.
- Endoscopic thyroidectomy-Small incisions are made in your lower neck. A small instrument (*endoscope*) is inserted under your skin at the incision sites. The endoscope used for thyroidectomy consists of 2 flexible tubes. Inside one of the tubes is a video camera that is used to guide the surgeon. Tools to remove the thyroid gland, including a tool to cut the gland (*dissectors*) and a suction device, are inserted through the other tube. The surgeon uses the dissectors to dissect the thyroid gland from the trachea and remove it.
- Robotic thyroidectomy-This procedure allows your thyroid gland to be removed through incisions in your armpit, your chest, or high in your neck. Instruments similar to endoscopes provide a 3-dimensional picture of the surgical site. Dissecting instruments are controlled by devices similar to joysticks. These devices allow more accurate manipulation of the instruments. After the blood supply to the gland is removed, the gland is cut into several pieces and removed through the incisions.

RISKS AND COMPLICATIONS

Complications associated with thyroidectomy are rare, but they can occur. Possible complications include:

- A decrease in parathyroid hormone levels (*hypoparathyroidism*)-Your parathyroid glands are located close behind your thyroid gland. They are responsible for maintaining calcium levels in the body. If they are damaged or removed, levels of calcium in the blood become low and nerves become irritable, which can cause muscle spasms. Medicines are available to treat this.
- Bacterial infection-This can often be treated with medicines that kill bacteria (*antibiotics*).
- Damage to your voice box nerves-This could cause hoarseness or complete loss of voice.
- Bleeding or airway obstruction.

AFTER THE PROCEDURE

- You will rest in the recovery room as you wake up.
- When you first wake up, your throat may feel slightly sore.
- You will not be allowed to eat or drink until instructed otherwise.
- You will be taken to your hospital room. You will usually stay at the hospital for 1 or 2 nights.
- If a drain is placed during the procedure, it usually is removed the next day.
- You may have some mild neck pain.
- Your voice may be weak. This usually is temporary.

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