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PATIENT EDUCATION ON THYROIDECTOMY

The thyroid gland is located in the lower front portion of the neck and is shaped like a bow-tie. There is a right and left lobe connected by a bridge of tissue called the isthmus. It produces thyroid hormone which regulates the body's production of energy.

Thyroidectomy is the surgical removal of all or part of the thyroid gland. The most common reasons for this surgery include a mass or nodule in the gland, the presence of a goiter (enlargement of the thyroid gland that appears as a swelling in the front of the neck), difficulties with breathing or swallowing due to the mass, suspected or confirmed cancer of the gland, and uncontrolled hyperthyroidism (overactive thyroid). The need for surgery is based on your history, physical exam, and test results. These tests may include blood work, thyroid scan, ultrasound, CT, nuclear medicine scan, or fine needle aspiration.

It is very important to remember that you should not be taking aspirin or any anti-inflammatory pain medications such as Motrin, Aleve, Advil, etc. for ten days prior to surgery and for two weeks following surgery. These medications act as 'blood thinners' and could cause increased bleeding during or after surgery. Some supplements can also increase bleeding such as Vitamin E, fish oil, garlic pills, ginger, ginseng, ginkgo. If you are taking prescription blood thinners such as Coumadin or Plavix, please inform your surgeon. You will need to check with the physician who prescribed these medication for instructions about discontinuing these medications. For headaches or muscle aches prior to your surgery you may take Tylenol (acetaminophen).

This surgery is performed under general anesthesia and usually requires an overnight hospital stay. Please plan to be away from work for one week. You may be up and around at home once you are discharged from the hospital. No lifting over 10 pounds is allowed until released by the doctor to do so.

The actual surgical incision is made in the front of your neck where a tight fitting necklace would rest. The incision is as small as possible to be able to remove the tumor. Continuous nerve monitoring will be done during this procedure to help prevent injury to the laryngeal nerves. After surgery you may have a drainage tube in place. These drains are generally removed the morning after surgery. Your blood levels of calcium, phosphorus, and magnesium may be monitored during your hospitalization.

Potential Complications:

The nerve that controls movement of the vocal cords (the laryngeal nerve) passes behind the gland. There is one on each side. Sophisticated nerve monitoring is used during surgery to identify the nerve and prevent injury. Rarely a tumor can be attached to the nerve and injury is unavoidable. Injury to the nerve leads to weakness or paralysis of the vocal cord and a weaker or hoarse voice. Most of the time the hoarseness improves as the swelling goes down. In some cases the injury can be permanent. When the entire gland is removed, then there is risk of injury to both of the nerves, which may lead to airway compromise and need for a temporary or permanent alternative airway such as a tracheostomy. After a total thyroidectomy the patient must take thyroid hormone pills for life.

There are four parathyroid glands which control calcium levels in the body. When the entire thyroid gland is removed these glands (which can be located inside the thyroid), may also be removed or injured requiring the patient to take calcium supplements. This may be temporary or permanent (rare).

Lastly, the risks of general anesthesia (heart attack, stroke, death, etc) are present, but fortunately rare.