

DR WP DE BEER

MBChB [UFS] M MED [SURG] CUM LAUDE

GENERAL SURGEON/ALGEMENE CHIRURG

SUITE 304
LINKSFIELD PARK CLINIC
24 12TH AVENUE
LINKSFIELD WEST
JOHANNESBURG

PHONE
011-4854741 [ROOMS]
011-6405401 [FAX]
Practice No: 0082295

THYROID LOBECTOMY

WHAT IS THE THYROID GLAND?

The thyroid is butterfly-shaped gland located just below the larynx (Adam's apple). It is a small, soft gland that wraps around the trachea (windpipe). The gland uses iodine to produce thyroid hormone, which has a key role in regulating such functions as:

- *Your rate of metabolism*
- *Your body temperature*
- *Your heart rate*
- *Your menstrual periods*
- *Your mental alertness*
- *Growth in children*

WHEN IS THYROID SURGERY NEEDED?

Surgery of the thyroid gland may be recommended if there is:

- *A lump or tumor that may be cancerous*
- *Enlargement (commonly termed a goiter)*
- *Overactivity (hyperthyroidism or thyrotoxicosis)*

Surgery to remove the entire thyroid is called a total thyroidectomy. If only a portion is removed, the operation is termed a partial, sub-total, or hemi-thyroid

tomy. The metabolic functions of the thyroid are easily replaced with a well-tolerated oral medicine if dysfunction or surgery makes this necessary.

HOW IS THYROID SURGERY USUALLY DONE?

Thyroid operations are done in a hospital operating room under a general anaesthetic.

An incision is made in the front of the neck along the collar line. The underlying muscles are opened to expose the thyroid gland. The surgeon then removes part or all of the thyroid gland while taking great care not to injure nearby blood vessels or nerves. Every attempt is made to preserve the parathyroid glands. Parathyroids are small glands which manufacture a hormone which controls blood calcium levels. Occasionally, a parathyroid gland may be concealed in or around part of the thyroid that is removed. The thyroid gland and parathyroid glands share some degree of blood supply. If this blood supply to a parathyroid gland is not adequate after the thyroid is removed, the parathyroid gland may be "transplanted" into a nearby muscle within the same incision with the intention that it may recruit new blood supply from that muscle and function again in the near future. The muscles are then repaired and the skin incision is closed with sutures that will either absorb or be removed soon after your operation.

WHAT CAN I EXPECT AFTER THE OPERATION?

After Your Operation

- *You will have a call light handy - let the nurse know if you need something!*
- *It is normal to feel tired, groggy and weak from the effects of anesthesia. Do not get out of bed by yourself! Ask for help.*
- *You will be asked to remain in a sitting position (in bed). You will be able to move your head as you wish.*
- *You may also feel nauseated (sick to your stomach) and have some soreness and stiffness in your neck from the operation. Medications will be available if you need them to relieve discomfort. You must let the nurse know when you begin to feel uncomfortable.*
- *Some people will have a sore throat and/or hoarseness from the tube used for your anesthetic. Ice chips or throat spray may help your throat feel better.*
- *You'll be checked frequently for signs of bleeding and swelling along the incision (some swelling is normal). Your breathing and blood pressure will be checked as well.*
- *Depending on the type and extent of your surgery, we will look for signs of decreased blood calcium by obtaining blood samples to check the calcium level.*

We may also:

- *Tap on the side of your face to see if the muscles twitch.*
- *Ask if you have any numbness or tingling around your face or hands, or any muscle spasms.*
- *You will receive ice chips to start and then be given a clear liquid diet such as Jelly or tea. Swallowing and eating may be difficult for a few days due to the swelling. This is very normal and will improve. Almost everyone experiences this to some degree.*
- *Later in the evening, you may walk to the bathroom or sit in a chair, but only with the help of a nurse to begin.*

The Day After Surgery

- *You will be able to eat a regular diet. You may notice that very thick or tough foods are more painful to swallow for a short time.*
- *Your IV (drip) will be discontinued.*
- *You may have sutures (stitches) removed or and your dressing changed.*
- *You will be up and about on your own.*
- *You may shower as usual. The incision may be gently washed, not scrubbed, with mild*

soap and water. Pat the area dry.

- In all likelihood, you will be able to go home. You should plan on having a family member or friend drive you home.*
- Usually ibuprofen (Motrin™, Advil™) or acetaminophen (Tylenol™) is all that is needed any neck pain and stiffness. If it is necessary, your surgeon may prescribe stronger pain medicines. Throat spray or lozenges may be used for a sore throat.*

WHAT WILL I NEED TO KNOW TO GO HOME?

A nurse will review discharge instructions with you and give you written information to take home.

- You will be scheduled to see your surgeon in 1-3 weeks your operation. This will be in the same clinic in which you were seen before your admission.*
- When you leave, your wound will be covered by paper "Steri-Strips™," which will remain in place until your post-operative clinic visit. If they become unsightly or bothersome to you, you may remove them 10 days after your operation.*

HOW LONG DOES IT TAKE FOR MY INCISION TO HEAL?

- *Neck incisions heal rapidly. They are watertight in about 24-36 hours allowing you to shower carefully. The incision normally heals fully within a few weeks. There is also swelling and a feeling of firmness under the incision that may last for a couple of months.*
- *Most scars are most noticeable 1 - 2 months after operation and gradually become less so after several months. Until that time, you may notice the color is more red than surrounding skin. This is normal and will improve. However, this skin is sensitive to ultraviolet radiation so you should cover the incision with sunscreen when outdoors for extended periods of time to prevent darkening (hyperpigmentation) of the area.*
- *If you wish, you may use vitamin E cream or other moisturizers on the incision.*

WHEN CAN I GET BACK TO MY USUAL ACTIVITIES?

- *Most people recover quickly from thyroid or parathyroid surgery. We encourage you to resume your normal routine as soon as possible, usually within a few days after returning home. Most patients are able to return to work in 7 - 10 days, or sooner if desired.*
- *You may drive whenever you feel comfortable after a few days. You should not drive if you cannot yet comfortably turn your head or if you are taking narcotic pain medications.*
- *You are likely to have some stiffness in the front and the back of your neck, which may take a number of days or weeks to completely resolve.*
- *You should not be afraid to move your head and neck. Gently flexing and stretching your neck muscles will prevent you from having a neck that feels stiff. As long as it is not very painful, try touching your chin to your chest, and each shoulder - as well as looking up at the ceiling.*
- *The skin above and below your incision will be numb. In many people, this improves over a number of months, but some people may have permanently decreased sensation there.*
- *The mild sensation of "fullness" in your neck and some difficulty swallowing may also be present for up to 4-6 weeks.*

WHAT ARE THE RISKS OF THYROID OR PARATHYROID SURGERY?

General Risks of Any Operation

Modern surgery is quite safe, but always entails some risk. Surgical complications are more likely in the elderly or in people with serious medical illnesses. Please inform your surgeon if you have previously had any of the following problems or believe you may be prone to them. General risks of undergoing an operation include:

- *Heart and circulation problems such as heart attack or blood clot formation. Clots which form in the legs can move to the lungs and cause life-threatening problems. Blood clots or*

debris can similarly cause a stroke.

- *Wound infections are not common, but may be more likely in people with diabetes or steroid therapy.*
- *Chest infections such as bronchitis or pneumonia can develop after a general anesthetic.*
- *A keloid may form within the surgical scar. A keloid is an overgrowth of scar tissue which may be raised, tender, pink, and irregularly shaped. Should this occur, treatment is available to improve the appearance of the scar.*

Specific Risks of Thyroid or Parathyroid Surgery

Overall, there is little risk of complication from thyroid or parathyroid surgery. However, these operations can be very challenging due to the variable anatomy, small nerves, and other important structures in the region. Therefore, they are best performed by experienced specialist Endocrine Surgeons. Your surgeon will discuss the possible risks with you at the time of your initial visit and/or history and physical exam. Some specific risks of surgery include, but may not be limited to:

- *Bleeding from a vessel divided at the time of surgery may occur even early after the operation. This may cause difficulty breathing due to the pressure it creates under the incision. Transfusion is rarely necessary but a second operation may be required after a blood collection is released through your incision. This is not common, but may be life-threatening.*
- *Many patients develop hoarseness after surgery. In very few does it last more than a few days. Injury to the recurrent laryngeal nerve may occur during surgery, causing a more permanent hoarseness. These nerves control the vocal cords and are very delicate. Of every 100 patients having thyroid surgery, fewer than 1 or 2 will have a permanent injury to this nerve. Patients with thyroid cancer, very large goiters, or a history of previous neck surgery are at more risk of nerve injury because of the increased difficulty of the surgery. If related to this nerve dysfunction, voice changes may often be improved with speech therapy or corrective surgery. Even if the nerve function is normal, up to 5 - 10% of people may feel that their voice is slightly different after the operation. If you are a singer or a public speaker, you should discuss this further with your surgeon.*
- *If your calcium level falls after the operation, you will be given calcium supplements, either by IV or by mouth. About 15% of thyroidectomy patients and 25% of parathyroidectomy patients may require calcium supplements for a few days or weeks. You may even be prescribed calcium supplements before upon your discharge to prevent symptoms from a temporarily low blood calcium level. Of every 100 patients having a total thyroidectomy, only 1 or 2 will need to continue taking calcium supplements beyond 6 months following operation.*

If you have a total thyroidectomy, you will need to take thyroid hormone medication for the rest of your life. If you have only half of your thyroid removed, we may recommend you take this medication on a temporary or permanent basis. This will be determined in the weeks following your operation. Blood tests will determine if your dose of hormone replacement is optimal. Once the levels are correct, blood tests once per year are routine in the event that your requirements may change.

NB!!! IF THE WARD DID NOT BOOK A FOLLOW-UP APPOINTMENT, PLEASE CALL THE ROOMS TO DO SO.

