National University Hospital

THYROIDECTOMY

Patient and Family Information

What is a thyroidectomy?

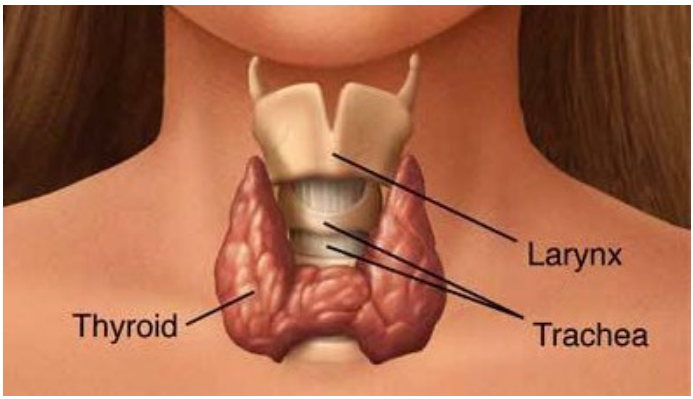

Image Source: Mayoclinic 2018

Thyroidectomy refers to the removal of part or all of the thyroid gland. The thyroid gland is a butterfly-shaped gland that lies in the lower neck in front of the windpipe. It produces thyroid hormone, which helps to regulate metabolism in the body.

Why do I need this surgery?

The parotid gland may require removal for several reasons:

- Thyroid lumps that are cancerous or suspicious for cancer
- Large thyroid nodules that cause symptoms such as swallowing difficulty, shortness of breath, or voice change
- Excess production of thyroid hormone by the thyroid gland

How is this surgery performed?

The surgery is performed under general anaesthesia. A horizontal incision is made in the lower neck. Depending on the reason for surgery, either half the thyroid gland (hemithyroidectomy) or the entire thyroid gland may require removal (total thyroidectomy)

On each side, the nerves that supply the voice box will be identified and protected (superior and recurrent laryngeal nerves). The glands that control calcium production (parathyroid glands) will also be identified and protected. One or two surgical drains will be placed in the wound at the end of the operation.

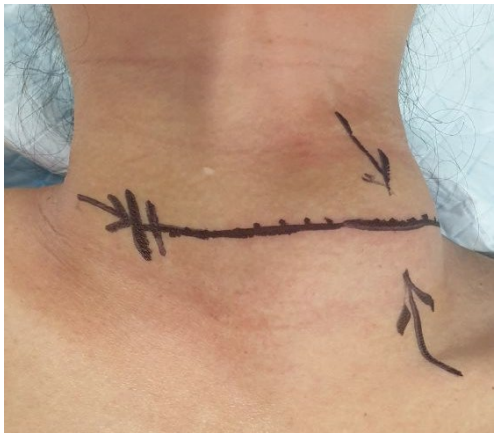

Image source: Otolaryngology Department, NUH

What are the risks associated with this surgery?

The potential complications after a hemithyroidectomy include but are not limited to the following:

- Bleeding: if the wound is bleeding after the operation, you may need an operation to stop the bleeding.
- Recurrent laryngeal nerve injury: this nerve supplies the vocal cords, thus if one nerve is injured, it may lead to hoarseness or breathy voice.
- Superior laryngeal nerve injury which may lead to difficulty in producing high pitched voice (e.g. when singing)
- Scarring
- Post-operative pain
- Wound infection
- Anaesthetic risk

Additional risks of total thyroidectomy include:

- Hypocalcemia: the parathyroid glands located near the thyroid gland regulate calcium and may be injured and require calcium replacement after surgery. This is usually temporary but very few patients may require prolonged calcium replacement.
- Airway obstruction: there is a less than 1% risk of injury to both nerves during a total thyroidectomy. This may lead to the obstruction of the airway requiring supportive intervention to secure the breathing passage. In some cases, a surgical airway (tracheotomy) may be indicated.

What can I expect immediately after surgery?

You will usually be observed in the hospital for one night after the surgery. There will be one or two surgical drains attached to a drain bottle. These will be kept in the wound for at least two to three days. This will be removed in the outpatient clinic after discharge.

If the whole thyroid gland is removed, you may be expected to stay in the hospital for three to five days. This is because your calcium levels will need to be monitored after the surgery.

You may experience some pain at the wound site which can usually be controlled with pain medications. You should be able to eat, drink, and move normally on the same day after the surgery.

Post-operative care

You should keep the wound dry as much as possible. Monitor for signs of infection such as pain, redness, swelling, or discharge. Avoid tugging or disconnecting the drain tubing. Place a mark on the fluid levels on the drain bottle every morning to allow your doctor to monitor the volume of fluid drained out. You will need to see a doctor if there is a sudden increase in the fluid drainage of more than 50ml within two hours or more than 100ml over the course of 24 hours. Please contact the clinic (during office hours) or proceed to the emergency department (after office hours).

Medications will be prescribed for pain. You may also be given oral antibiotics and topical ointments for the wound. Take these medications as prescribed by your surgeon.

You will be given an appointment to return to the clinic for drain removal.

Should you have any pre or post operation queries, please call us at 6772 4551 or email us at ent_fc@nuhs.edu.sg.

For urgent medical attention, please walk into the clinic during operating hours (Monday to Friday, between 8.30am to 5.30pm) or visit the Emergency Department after clinic hours.

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