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THYROID & PARATHYROID SURGERY (4/14)

General
Thyroid operations can be divided into several categories, including a unilateral lobectomy ("one-sided" removal of the thyroid gland), total thyroidectomy (removal of both sides of the thyroid gland), or variations in which all of one side of the gland and part of the other side of the gland are removed.

Hospital Course
Patients who have a unilateral (one-sided) thyroidectomy will usually spend one night in the hospital, have their drain removed on the morning after their surgery, and go home with or without a wrap-like pressure dressing in place around the neck.

On the day after your discharge, please remove the pressure wrap around your neck if not already done so using a pair of large scissors, or alternatively the wrap may be "unwound" from the neck after any adhesive tape holding the dressing in place has been removed. You will see a semicircular or curved incision just above the breastbone, which will be your thyroidectomy surgical incision site. See *Head and Neck Wound Care* handout for specific instructions.

Patients having a total or subtotal thyroidectomy (operation on both sides of the gland) will usually spend two nights in the hospital in order that their calcium levels are monitored closely, as low calcium levels are a complication seen only with the more comprehensive removal of thyroid tissue. Total and subtotal thyroidectomy patients will usually also have a pressure wrap placed around the neck, but it is usually removed prior to discharge from the hospital. Unless instructed otherwise by your surgeon, the neck wound may be left open to the air.

Medication
Patients will usually be given a prescription for pain medicine, which is to be used as needed. In some cases, you will be also sent home with either a new or continuing prescription for *Synthroid*, levothyroxine, or *Cytomel* (thyroid replacement or suppression medication) and this must be used on a regular daily basis at the dose prescribed by your doctor. Calcium and Vitamin D supplements are sometimes prescribed as well.

Complications
Many patients notice a subtle change in their voice quality for the first few weeks postoperatively. Although trauma to the nerves supplying the vocal cords on one or both sides of the voice box may occur during thyroidectomy, frank hoarseness or trouble swallowing is a very rare complication. If you have any questions regarding the fact that your voice may be excessively hoarse or raspy, or if you are experiencing any type of coughing or choking when you attempt to swallow, please call our office immediately.

For patients undergoing a total or subtotal thyroidectomy, normal calcium levels the first several days while hospitalized do not always predict stable blood calcium levels. Occasionally, patients have significant dips in their blood calcium levels after their discharge from the hospital due to manipulating or "bruising" of the parathyroid glands. The symptoms of low calcium would include tingling around the mouth or in the hands or feet, generalized weakness, or feelings of the heart exhibiting an abnormal rate or irregular beat. If any of these symptoms occur, please call our office immediately.

A potentially serious or life-threatening complication of thyroidectomy, which can occur rather abruptly, is formation of a hematoma from a bleeding blood vessel or other area deep in the neck tissues. If you would at any point feel that there has been an abrupt swelling or outward displacement of the wound area in the lower neck, or if the neck wound suddenly starts exhibiting more tenderness, redness, or bogginess than you would expect, you need to contact our office immediately. If any shortness of breath would begin to develop, you are directed to proceed to the emergency room at the hospital where your surgery was performed as quickly as possible.

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