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OUTPATIENT THYROID SURGERY

General

Thyroid operations can be divided into several categories, including a lobectomy (“one-sided removal of the thyroid gland), total thyroidectomy (removal of both sides of the thyroid gland), or subtotal thyroidectomy (variations in which all of one side the gland and part of the other side of the gland are removed.) Many patients are able to go home the same day after surgery and prefer to recover in their own bed. Avoiding an overnight hospital stay, reduces the risk of infection and blood clots (as well as reducing medical bills for the patient).

Wound Care

The incision created in a neck crease is closed with invisible dissolving stitches beneath the skin that do not need removal. The stitches typically take a few months to dissolve. Immediately after surgery, the incision is covered by steri-strips (tape) which are removed by our nurses at your one week follow up office visit. No wound care is needed during the first week. You may shower and get the incision wet 24 hours after your surgery. Once the steri-strips have been removed (a week after surgery), use of *Mederma® Scar Cream Plus SPF 30* is recommended twice a day for 2 months for a better cosmetic result.

Medications

You may take over the counter *ibuprofen (Motrin)* after surgery for pain. You may take one to three tablets every 4-6 hours (maximum of 12 tablets per day) as needed for pain with food to reduce the risk of stomach irritation and ulcer. You will also be prescribed a narcotic pain medication that can be taken along with the *ibuprofen (Motrin)* if required. Common side effects of all narcotics include drowsiness, nausea, and constipation. If you have had a total thyroidectomy, you will also be prescribed *levothyroxine* (thyroid hormone replacement) to be taken once daily to be taken indefinitely. You will also be prescribed *calcium carbonate (Tums)* 2000 mg three times daily as well as *calcitriol (Vitamin D)* 0.25ug to be taken once daily at bedtime. These should be started immediately after surgery. It is helpful to take the calcitriol once daily at bedtime to prevent low calcium levels through the night.

Only after your first postop appointment, you will likely be instructed to wean off the calcium and calcitriol supplements if you have not experienced symptoms of low calcium. The typical weaning schedule starting after the one-week postop appointment is in the chart below:

Medication Schedule	Calcium Carbonate (Tums)	Calcitriol (Vitamin D)	Labs to be checked
1st week after surgery	2000mg three times daily	0.25ug tablet daily at bedtime	
2nd week after surgery	Reduce to 1000mg three times daily	0.25ug tablet daily at bedtime	
3rd week after surgery	Stop taking Calcium Carbonate (Tums)	0.25ug tablet daily at bedtime	
4th week after surgery	Don't take Calcium Carbonate (Tums)	Stop taking calcitriol	
5th week after surgery	Off all supplements	Off all supplements	Calcium and TSH level at lab of choice (blood test)

Diet

Mild difficulty swallowing is expected after surgery. You may advance your diet from liquids to soft foods and then to regular food as the swelling gradually subsides the first week.

Activity

Avoid strenuous exertion such as heavy lifting or cardio exercise for the first two weeks after surgery. Activities that don't involve heavy lifting or increasing the heart rate such as walking are not only safe but recommended. It is common to feel less energy for a few weeks after surgery that gradually improves.

Driving

There are three conditions that must be met in order to resume driving after surgery. You must wait at least 24 hours after receiving general anesthesia, be completely off narcotic pain medication, and be able to turn your neck well to look for traffic.

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 concerns that your voice may be excessively hoarse or raspy, or if you are experiencing coughing or choking when you attempt to swallow, please immediately notify our office or 24-hour answering service.

A rare, but sudden, serious and potentially life-threatening complication after thyroidectomy is the formation of a hematoma due to internal bleeding. If you 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, bruising or boggy than you would expect, you need to contact us immediately. If you feel any shortness of breath, you should proceed to the emergency room as quickly as possible.

For patients undergoing total or subtotal thyroidectomy, low calcium levels in the blood after surgery can occur due to manipulating or "bruising" of the parathyroid glands. The symptoms of low calcium levels would include tingling around the mouth or in the hands or feet, generalized weakness, muscle cramps or feelings of the heart exhibiting an abnormal rate or irregular beat. If any of these symptoms occur, please take extra doses of Tums and call our office immediately.

It is common to have swelling of the neck after surgery that is gradually improving, but please call our office if you notice redness, swelling, or discharge from the incision that is worsening rather than improving with time. Occasionally, the body will reject the dissolving stitches in the first few months after surgery. If you notice redness, swelling or discharge from the incision, notify your surgeon.

Calcium supplements and narcotics often cause constipation so use of over the counter *Colace* or *Miralax* can be helpful.

Patient signature