THYROIDECTOMY INFORMATION FOR PATIENT

As shown in the diagram, the thyroid gland is a butterfly-shaped organ located in the centre of your neck. By secreting thyroid hormone, the thyroid gland controls our general metabolism.

A Thyroid profile is ordered for all thyroid tumours -period. Commonly, the thyroid gland develops nodules within it. These nodules are usually identified on routine physical examination, or can be noted on a thyroid Ultrasound (a type of imaging).The Ultrasound grades the nodule into TIRADS grading which will estimate the cancer risk in the nodule. An FNAC (fine needle aspiration cytology/biopsy is done to know the contents of the nodule. The FNAC report also is graded as per BETHESDA grading system to confirm the cancer risk percentage.

Additionally investigations such as CECT or MRI is recommended for evaluation of thyroid masses.

1. There are three types of thyroid swelling when surgery isn indicated as best treatment.
2. Large thyroid (goitre) compressing the underlying structures such as trachea and oesophagus.
3. Progressive voice change /hoarseness indication nerve invasion.
4. Hypothyroidism not removing even after medication.
5. Solitary thyroid nodule in one or both thyroid lobes.

The type and extent of thyroid surgery will depend upon your physician's evaluation, and whether being performed for Goiter, nodule, or if for tumour whether it is benign or malignant (cancerous).

NIGHT BEFORE SURGERY:

A. No solid foods (that includes milk, cream etc.) for 8 hours prior to surgery. Typically this means no solid foods after midnight before the surgery.
B. In case of planned for Day care surgery -kindly get admitted very early in the morning as there might be delay in the admission process and loosing the OT slot.

POST-OPERATIVE CARE:

C. 1/2 Drains are usually kept in the neck based on the extent of surgery and will be removed once the collection reduces.
D. Mild postoperative pain is expected and will be subjected to escalation of pain medication based on patient request.
E. Slight shoulder pain is expected if there is a neck dissection performed along with thyroidectomy
F. Scar will take at least 1-2 months to recover .
G. Avoid heavy work in post op period at home.
H. External sutures or subcutaneous sutures are placed as per surgeon choice which will be removed at around 10-20 days after surgery.

DIET: It is typical that we allow you to eat food as tolerated, unless otherwise instructed.

THYROIDECTOMY SURGICAL RISKS/COMPLICATIONS:

A. BLEEDING
B. HYPO-PARATHYROIDISM OR LOW BLOOD CALCIUM
C. TRACHEOSTOMY WHICH IS TEMPORARY /PERMANENT
D. VOICE HOARSENESS (IMMEDIATE OR LATE)-Thyroid surgery although a simple surgery is a meticulous surgery which requires dissection around the nerves that control the vocal cords (Voice box).

Each vocal cord has two nerves that control its movement. The larger nerve travels up from below the vocal cords and is named the **'Recurrent laryngeal nerve'.** It is responsible for the majority of the movement of the vocal cord. A smaller nerve travels down from above the voice box to control a muscle on the outside of the voice box (larynx). It is named the **'Superior laryngeal nerve'**, and it helps in fine tuning the voice allowing for control of your pitch and your ability to project the voice. Surgery to the thyroid gland places all these nerves at risk for injury. One sided surgery places the upper and lower nerves on that side at risk for injury. Surgery to both sides places all 4 nerves at risk for injury. Permanent damage to these nerves is very rare especially under our care because we operate with magnification of 2.5 to 4 times (using microscope/loupes). However mild traction of the nerve is usually expected during surgery which might cause temporary voice change which usually becomes normal in few months.

Extremely rarely, if both recurrent laryngeal nerves were to be injured, (Mostly will be know preoperatively as there might be a whole large cancer pressing then nerves and causing difficulty to remove tumour away from the nerve) this could lead to difficulty with breathing in air, necessitating emergency airway control by tracheotomy.

E. INFECTION: Infection after thyroid is very rare. If there is redness, drainage, fever or other concerns of infection, please notify us immediately.
F. POSSIBLE NEED FOR FURTHER TREATMENT AND/OR SURGERY: Depending on the problem for which the surgery was performed, as well as the result of the specimens that were sent to the laboratory for pathologic study, sometimes further surgical therapy or further medical therapy is needed. This will be discussed with you by your surgeon.
G. POOR SCARRING OF THE THYROID SCAR-MAY REQUIRE SCAR REVISION FOR COSMESIS
H. ANAESTHETIC RISK: As with any type of surgery, the risks of anaesthesia such as drug reaction, breathing difficulties and even death are possible. Please discuss these risks with your anaesthesiologist. Fortunately, with this procedure, anaesthetic problems are exceedingly rare.