

Procedure Information Sheet – Thyroidectomy (Hemi / Total)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Thyroid is a butterfly-shaped gland located at the base of your neck. It produces hormones that regulate every aspect of your metabolism
- 1.2. Thyroidectomy is to remove partial or the whole thyroid gland
- 1.3. It is indicated for the following thyroid disorders:
 - 1.3.1. Cancer
 - 1.3.2. Noncancerous enlargement of the thyroid (goiter)
 - 1.3.3. Overactive thyroid (hyperthyroidism)

2. Procedural Preparation

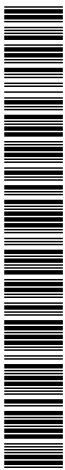
- 2.1. You will usually be admitted one day before or on the day of operation.
- 2.2. Stop taking anti-coagulant that may increase the risk of bleeding according to doctors instruction, such as aspirin, warfarin and Plavix.
- 2.3. Necessary clinical examinations and investigations may be carried out, such as blood tests, urine tests, electrocardiogram, or chest X-ray etc.
- 2.4. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.5. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.6. No food or drink is allowed 6 to 8 hours before the operation.
- 2.7. If you have hyperthyroidism, your doctor may prescribe medication to regulate your thyroid function and decrease the risk of bleeding, such as an iodine and potassium solution.

3. Procedure

- 3.1. This operation is performed under General Anesthesia.
- 3.2. A small incision is made in the center of your neck. All or part of the thyroid gland is then removed, depending on the reason for the surgery.
- 3.3. If you're having thyroidectomy as a result of thyroid cancer, the surgeon may also examine and remove lymph nodes around your thyroid.
- 3.4. A tube may be left in-situ under the incision in your neck. This drain is usually removed the morning after surgery.
- 3.5. You will be moved to a recovery room for monitoring your recovery from the surgery and anesthesia. Once you're fully conscious, you'll be moved back to the ward.

4. Recovery Phase

- 4.1. You will be nursed in a head up position after surgery, usually around 30 degrees.
- 4.2. Mild throat discomfort, neck pain, hoarse or weak voice and increased mucus secretion might be experienced after tracheal intubation.
- 4.3. Tiredness, nausea and vomiting may be experienced after general anesthesia. Inform the nursing team if symptoms persist or become severe.
- 4.4. Post-operative pain can be managed by pain killers given by the anesthetist. Inform nurses for alternative pain control if pain persisted.
- 4.5. Blood test will usually be required after total thyroidectomy to rule out hypocalcaemia and hypothyroidism.
- 4.6. Inform nurses if develop symptom of hypocalcemia, such as numbness around the mouth and fingers or tightness and spasm of hands and feet.
- 4.7. Inform nurses if you find difficulty in breathing or experience excessive pressure over the wound, this may indicate hematoma formation.



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- 4.8. Diet will be resumed gradually. Start with clear water, fluid, soft and diet as tolerated according to Doctor's prescription.
- 4.9. The wound dressing will be kept intact after operation.
- 4.10. Avoid pulling the drain when mobilize.
- 4.11. Stitches or staples will be removed around 3-4 days.

5. Possible Risks and Complications

- 5.1. Potential complications include:
 - 5.1.1. Bleeding
 - 5.1.2. Infection
 - 5.1.3. Airway obstruction caused by bleeding
 - 5.1.4. Permanent hoarse or weak voice due to nerve damage
 - 5.1.5. Damage to the parathyroid glands, which can lead to hypoparathyroidism, resulting in abnormally low calcium levels and an increased amount of phosphate in your blood
 - 5.1.6. Hypothyroidism
 - 5.1.7. Small scar, but this should become less noticeable over time

6. Discharge Education

- 6.1. Seek medical attention if severe pain, tenderness, purulent discharge, severe vomiting, fever (body temperature above 37.8°C) or rigor occurs.
- 6.2. You may take analgesics as prescribed by your doctor if necessary.
- 6.3. Avoid any activities that could put a strain on your neck for 10 days, such as heavy lifting.
- 6.4. Follow up appointment should be attended as arranged.
- 6.5. If hypothyroidism occur, hormone replacement tablets will be prescribed to prevent symptoms of an underactive thyroid, such as fatigue, weight gain and dry skin.
- 6.6. If your parathyroid glands are affected, your calcium levels may temporarily decrease. If this happens, you might need to take calcium supplements until the glands start to function normally again.
- 6.7. Keep your wound dressing clean and dry to minimize risk for infection.

7. Remark

- 7.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

8. Reference

- 8.1. Mayo Foundation for Medical Education and Research. Tests and Procedures: Thyroidectomy.
- 8.2. National Health Service (NHS) Choices. Treatments for thyroid cancer.
- 8.3. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

