Gleneagles Hospital
HONG KONG
港怡醫院

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.

Procedure Information Sheet – Thyroidectomy (Hemi / Total)

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: _____