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EXPECTATIONS AND HOME CARE AFTER THYROIDECTOMY

The thyroid gland produces a hormone that regulates the body's metabolism. The thyroid gland has two lobes connected in the middle and wraps around the windpipe just above the breastbone. Surgery usually is performed to remove all of the thyroid tissue, but occasionally only one lobe needs removal, or surgery is performed to remove the remaining portion of a gland that has previously been partially removed. Occasionally, lymph nodes must also be removed. The incision is usually 1-2 inches and is carefully placed to be inconspicuous.

Surgery takes 2-3 hours. You will wake up in the recovery room with a mild to moderate sore throat and neck. When you are more alert, you will be transferred to the extended recovery ward. The afternoon of surgery, blood will be drawn for a calcium level. You may be discharged on the same day of surgery or stay in the hospital one night, depending on your condition after surgery. Discharge medications will include an antibiotic, pain medication, thyroid hormone (Synthroid), and occasionally a Calcium tablet. A follow-up visit will be scheduled in 2 weeks. Rest and do not drive for one week. Do not drive if you are taking pain medication. Bed rest is not necessary. Normal ambulatory activities in the home are encouraged. Do not engage in any strenuous activity or heavy lifting for 2 weeks. Keep the head elevated at all times. Advance diet as tolerated.

All medications should be taken as directed except the thyroid hormone (Synthroid). Do not take the thyroid hormone (Synthroid) until the pathology results are known, usually 2-3 days after surgery. Immediate biopsy results are usually not obtained at the time of surgery because the results can be misleading. If the biopsy results are benign, the thyroid hormone can be started. If the results are not benign, the thyroid hormone must be withheld until a dose of radioactive iodine can be administered. A referral to a radiation oncology doctor will then be made to discuss and arrange the treatment, usually given 3 weeks after surgery. When the thyroid hormone is started, it must be regulated with medication and periodic blood work for your lifetime. Imaging studies may be indicated at times.

The thyroid gland is adjacent to the parathyroid glands and the nerves that control the vocal cords. These structures must be identified and preserved during the operation. Very uncommonly, temporary or rarely permanent problems can occur that result in vocal weakness, hoarseness, difficulty swallowing, difficulty breathing, muscle spasms, and tingling around the lips and fingertips. Please call the office, 355-2335 or 356-5330, if you develop any of the above symptoms.

The wound is closed with stitches under the skin, and the skin is sealed with "superglue." The incision must be kept dry for 48 hours. Showering and bathing are permitted but must NOT involve soaking. The wound site should be "pat dried" promptly. Do NOT vigorously clean the site or apply creams and ointments until after the glue is removed at the follow-up visit or wears off later. Mild swelling just above the incision is expected. Please call the office, 912-355-2335 or 912-356-5330, for any sign of excessive swelling, redness, tenderness, or drainage from the wound.