

Thyroid surgery

Ear, Nose & Throat Department

Information for Patients

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What is the thyroid gland?

The thyroid gland lies below the Adam's apple in front of the wind pipe. It releases a chemical substance (hormone) called thyroxine, which passes into the bloodstream and controls the speed at which the body's chemical processes work.

Behind the thyroid gland are a number of small glands, called the parathyroid glands. These produce a hormone that controls the level of calcium in the body.

What is thyroid surgery?

Thyroid surgery is to remove the whole thyroid gland this is called a total thyroidectomy (or completion thyroidectomy if one side was removed previously).

Removal of one side of the thyroid called lobectomy or a hemithyroidectomy.

Why do I need a thyroidectomy?

A thyroidectomy is used to treat several conditions:

- One or more lumps (nodules) within the thyroid gland which may be non-cancerous (benign) or cancerous (malignant).
- An enlarged thyroid gland (goitre) which may give a full appearance of the neck, or cause problems with breathing, voice change or swallowing by pressing on the wind pipe, voice box or gullet.
- An overactive thyroid gland (hyperthyroidism), resulting in too much thyroxine being produced, where treatment with anti-thyroid medication or radioactive iodine treatment is not suitable.

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Before the operation

You will need to arrange to have 2 weeks off work.

You must not have anything to eat or drink for 6 hours before your operation.

Usually a needle sample from the lump will have been collected in clinic as well as a scan, as part of your work up for the operation.

In most cases, a doctor may be asked to check the movement of your vocal cords by passing a thin, flexible camera through your nose. This is because the nerves that control your vocal cords are at slight risk of damage during surgery. This is not usually painful.

How is the operation done?

The operation will be carried out whilst you sleep, under a general anesthetic.

An incision will be made in the skin across the front of the neck. Some or all of your thyroid gland will be removed and great care will be taken to preserve the parathyroid glands, as well as the nerves in the neck that supply the voice box.

A small plastic drainage tube is usually placed under the skin and attached to a suction bottle to prevent blood collecting under the skin.

The incision is then closed up with stitches and usually heals very well.

The tissue removed will then be sent to the laboratory to be checked.

The operation can take between 1 to 3 hours depending on how big the thyroid is.

You will wake up after the procedure either in the operating theatre or in the recovery room.

How long will I be in hospital?

You will usually come in on the day of your operation.

You can go home once the drain has been removed and blood tests performed. This can vary from the following day to a few days after surgery.

Can there be problems?

Complications in thyroid surgery are rare but every operation has a small risk.

- Your neck may feel sore and swallowing may also feel uncomfortable but you will be given painkillers to relieve this.
- You will have a scar after the operation which usually heals and fades over time to leave a thin line. Very rarely, the scar can become thickened and raised. This is more common in people who had a similar problem after a previous operation, or in people with dark skin.

- If your neck becomes increasingly red, painful or swollen, your wound may have become infected. This can be treated with a course of antibiotics.
- If there is bleeding within 24 hours of the operation, the wound can swell and cause difficulty in breathing and can be life threatening. This is rare, but may necessitate a second operation to clear out the blood, and replace the drain.
- There is a small risk of injury to one or both of the nerves that control your voice box, which can result in hoarseness or weakness of the voice. This may be temporary, or more rarely can be permanent. In such cases, there is a very small chance that a tube called tracheostomy, may need to be placed through the neck into the windpipe to help breathing.
- Some people may find their singing voice is slightly altered.
- If all of the thyroid gland is removed, the parathyroid glands may be damaged, resulting in a low blood calcium level. This can cause tingling sensations in your lips or hands, and cramps in your hands and feet, which is usually temporary. Blood tests will be taken after surgery to monitor the calcium levels in your blood. Calcium supplements and/or vitamin D may be given to maintain normal blood calcium levels if needed.

Aftercare

If the thyroid gland is completely removed, you will need to take thyroid replacement tablets everyday for the rest of your life. If only part of the gland is removed, it is unlikely that you will need any thyroid replacement tablets.

If the wound has been closed with dissolvable stitches, they will not need to be removed. Non-dissolvable stitches will need to be removed by a nurse in 5 to 7 days.

Stay off work for 2 weeks after leaving hospital.

Avoid any strenuous activity and heavy lifting for at least 2 weeks after surgery.

If you have any questions, write them down here to remind you what to ask when you next speak to your nurse/consultant:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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