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Post-operative instructions following Thyroidectomy

General:

The thyroid gland is a bilobed endocrine gland located at the base of your neck. It creates and secretes a hormone (thyroxine) that is sent into your bloodstream. Thyroxine is metabolized from iodine in your general diet. The function of thyroid hormone is to control the speed of your body's metabolism. The pituitary gland (located in your brain) controls how much thyroxine to make. It does this by making thyroid stimulating hormone (TSH). TSH then tells the thyroid gland to make more or less thyroid hormone. An under-active thyroid results in hypothyroidism, producing overall less thyroxine. This makes the pituitary gland send more TSH into the bloodstream to get the thyroid gland to increase thyroxine production. This is why the TSH level is increased in patients with hypothyroidism. An over-active thyroid results in hyperthyroidism, producing overall more thyroxine. The pituitary gland then decreases the amount of TSH in the blood, and patients with hyperthyroidism have an overall low TSH level.

Goiter:

Thyroid goiter is an enlargement of the thyroid gland. It can become larger because your thyroid is trying to make more thyroid hormone. Also, in hyperthyroidism the cells grow faster, which causes the thyroid to grow and make more thyroid hormone than the body needs.

Nodules:

Thyroid nodules can be either solid or cystic (fluid filled). Typically your thyroid gland works normally if you have nodules. Most nodules are not cancerous. There are different ways to evaluate thyroid nodules to determine whether or not they are cancerous (i.e. history, risk factors, Doppler ultrasound and CT scan), but the most accurate and minimally invasive way is to obtain a biopsy of the nodule by fine needle aspiration (FNA). If the pathology is non-determinant with significant patient risk factors, or suspicious/diagnostic for cancer, then surgical removal of either one or both thyroid lobes is then recommended.

Thyroid surgery is performed under general anesthesia. You will be hospitalized for at least one night following your thyroid procedure. Your surgeon will see you in recovery and the morning after surgery to ensure that you are recovering well.

Diet:

You may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions. Generally patients experience a mild sore throat for 2-3 days following thyroidectomy. This usually does not interfere with swallowing.

Pain Control:

Patients report mild to moderate neck pain for several days following thyroidectomy. This is usually well controlled with prescription strength oral pain medications. Please take the pain medication prescribed by your surgeon when needed. You should avoid non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen, naproxen (Excedrin, Motrin, Naprosyn, Advil) because these drugs are mild blood thinners and will increase your chances of having a post-operative bleed into the neck tissues or neck wound.

Activity:

Sleep with the head elevated for the first 48 hours. You may use two pillows to do this or sleep in a reclining chair. No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 2 weeks or limited to light duty until the 2 week mark.

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Wound Care:

Do not wash or manipulate the neck wound for 48 hours following the thyroidectomy (except to apply ointment). Please take a moment to look at the wound in the mirror prior to your discharge from the hospital. You will find that the skin has been closed with sutures that are self absorbing and do not require removal. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery. If you have questions about the appearance of the wound you may ask your nurse or surgeon prior to heading home. If a drain has been placed in the neck, this will be removed prior to your discharge from the hospital unless otherwise directed by your surgeon. You may shower and allow the wound to get wet 48 hours following the surgery. Allow soap and water to run over the wound. Do not scrub or manipulate the wound for 7 days. Do not soak the wound in a bath tub. Pat the area dry, don't rub it with a towel. The steri-strips over the incision will fall off between 7 and 14 days.

Follow-up Appointment:

Your follow-up appointment in the office will be 1-2 weeks following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the post-operative visit, your steri-strips are removed and the pathology report is reviewed.

Please call our office immediately if you experience:

- **Difficulty breathing or progressive hoarseness**
- **Neck swelling or progressive difficulty swallowing**
- **Numbness or tingling in your fingertips or lips**
- **Muscle cramps or spasms**
- **Active bleeding from the wound**
- **Choking or coughing when drinking liquids**
- **Fever greater than 101 degrees Fahrenheit**
- **Purulent discharge (pus) coming from the wound**
- **Increasing redness around the wound**