



Thyroidectomy

What is a thyroidectomy?

A thyroidectomy is a surgical procedure for removing all or part of the thyroid gland.

The thyroid gland is located at the lower front of the neck. It takes iodine from the food you eat to make hormones that control your metabolism (the process of turning the food you eat into energy).

When is it used?

A thyroidectomy may be done when you have a nodule (lump) in your thyroid gland that could be cancerous. If your healthcare provider suspects cancer, you may first have a needle biopsy so cells can be examined in the lab. The cells may be found to be benign or malignant, or there may be uncertainty about whether they are cancerous. Surgery may be advised if the diagnosis is that the cells are or may be malignant.

A thyroidectomy may also be done when the thyroid gland is overactive (hyperthyroidism) and medicine has failed to control the problem. Antithyroid medicine and radioactive iodine are usually effective, but there are cases where surgery is the preferred treatment or the only effective treatment. Ask your surgeon or healthcare provider about these situations.

Alternatives to this procedure are:

- choosing not to have treatment while recognizing the risk that a cancer may go untreated
- choosing to have repeat exams over many months or years and having surgery if a nodule grows (there is some risk of spread if a nodule turns out to be malignant).

You should ask your healthcare provider about these choices.

How do I prepare for a thyroidectomy?

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow your healthcare provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit

at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. Also avoid medicines that may contain aspirin, such as nonprescription cold medicines. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You will be given a general anesthetic to put you to sleep and keep you from feeling pain.

The surgeon will make a cut (incision) in your neck just above the collarbone and expose the thyroid gland. The surgeon will clamp off part of the blood supply to the thyroid gland, remove all or part of the thyroid gland, and send it to the lab for immediate analysis.

When a thyroid lump is removed, lab tests will be done during the procedure to see if the lump is cancerous. Based on the results from the lab, the surgeon may end the operation or may remove another part or all of the thyroid gland and close the cut. Rarely, thyroid cancer spreads to lymph nodes. If this has happened, you will need a more extensive procedure to remove the lymph nodes.

What happens after the procedure?

You may be in the hospital for about 1 or 2 days. You will have a scar on the front of your neck.

You may have a small drain tube from the incision, which will be removed 1 or 2 days after surgery.

If the surgeon removed all or a large part of the thyroid gland, you will have to take thyroid hormone medicine for the rest of your life.

If you have a cancer, you may be advised to take a radioactive iodine medicine to destroy any remaining thyroid tissue and cancerous cells.

Ask your healthcare provider what steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

If a cancer is found, thyroidectomy can prevent its spread.

Surgery may be the only way to control an overactive thyroid gland when antithyroid medicine or radioactive iodine fail to control the overproduction of thyroid hormone (hyperthyroidism).

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your healthcare provider.
- Rarely, the nerve to the vocal cord near the thyroid may be injured. These nerves are necessary in order to speak normally. If the nerves are damaged, the damage may be permanent, and your voice may be permanently hoarse.
- The parathyroid glands may be injured when all of the thyroid gland is removed for cancer. Fortunately there are 4 of these tiny glands. The hormones produced by the parathyroid glands control the amount of calcium and phosphorus in the blood. You need to have the correct level of calcium and phosphorus in your blood to have normal nerve and muscle function. If the parathyroid glands cannot function after the operation, you may need treatment with calcium pills or hormones.
- If thyroid cancer is found, it can return to the neck or other parts of the body. Fortunately, thyroidectomy usually prevents this.

You should ask your provider how these risks apply to you.

When should I call my healthcare provider?

Call your provider right away if:

- You develop a fever over 100°F (37.8°C).
- You have trouble breathing.
- You have tingling or muscle cramping in your face or cramping (muscle spasms) in your hands.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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