This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.
What is the Thyroid Gland?
The thyroid gland is a butterfly shaped endocrine gland located in front of the neck just below Adam's apple. The thyroid gland makes hormones, which are secreted into the blood and distributed to every tissue in the body. Thyroid hormone helps the body to use energy, stay warm and controls the brain, heart, and muscles and keeps other organs working.

Why do I need surgery?
Your surgeon will discuss different treatment options, depending on your individual case. Surgical treatment is recommended for several disorders of the gland, for example:

- Graves disease (hyperthyroidism)
- Large gland (goitre) causing breathing and swallowing problems
- Solitary large nodule
- Recurrent cyst

Surgery will also be necessary when there is:

- a suspicion of cancer
- cancer of the thyroid gland

The decision to remove part of your thyroid gland (hemi thyroidectomy / lobectomy) or the whole gland (total thyroidectomy) will be discussed with you.

Alternatives to Surgery
Your surgeon will discuss alternatives to surgery with you. If you have hyperthyroidism (overactive thyroid gland) and do not wish to have surgery, the alternative is to consider radioiodine or long term drug treatment, which will be organised by the physicians (medical endocrinologists).

Types of Surgery
A total thyroidectomy is an operation to remove all of thyroid gland.

A thyroid lobectomy or hemi thyroidectomy is to remove one lobe i.e. half of the thyroid gland.

Both operations are generally carried out under general anaesthesia.

Evaluation and Preparation for Surgery
You will be seen by the pre-assessment nurses for a general health check to ensure you are fit for surgery and to arrange tests and investigations as required. If you are not clear about the operation the nurse will be able to answer most questions.

What does the Operation Involve?
On the day of surgery the surgeon or his team member will put a mark on your neck to ensure the correct side of the gland is being removed. Once you are put to sleep (under general anaesthetic) the surgeon makes a 2-3 inches (5-8cms) cut across the neck just above the collarbone.

The surgeon then removes the gland or part of the gland taking care to preserve the parathyroid glands (discussed later) and the nerves to your vocal cord before removing the gland. The procedure including anaesthesia and recovery takes about 2-4 hours depending on the type and extent of surgery. In some cases some lymph nodes from neck may also be removed. Surgeon may use a special nerve monitor during the surgery to identify, protect and preserve the nerves which moves your vocal cords (voice box).
At the end of the operation the surgeon may place a drain (plastic tube) through the skin in order to prevent any excess fluid collection under the skin. Most patients require 24-48 hours in hospital after the operation before the drain can be removed and they can go home.

Most patients do not have much pain after the operation and usually only need simple painkillers.

What are the Risks of Surgery?

Complications in thyroid surgery are rare but the following may occur:

**Voice problems**: This could be due to injury to recurrent laryngeal nerve (2.5 - 5.4%)* one on each side of the gland which innervates the voice box. This may be temporary or more rarely, may be permanent. A few people may find they cannot sing well due to damage to another smaller nerve (superior laryngeal nerve).

There could be some non-specific reasons for complications – intubation etc.

**Low calcium levels**: May be a problem after total thyroidectomy be due to an injury to parathyroid glands (2 on each side of the thyroid gland) which control calcium levels in blood. If the calcium levels drop you may have tingling feeling in your fingers or lips. This is usually temporary, but can be permanent and around 7% of patients after total thyroidectomy may require long-term treatment. It may then be necessary for daily calcium supplements permanently; this will be checked by blood tests at regular intervals.

**Hypothyroidism**: Patients with total thyroidectomy will need thyroid hormones (thyroxine) for life. Few patients (10%) with lobectomy / hemithyroidectomy also develop underactive thyroid later and will need thyroxine for life. Your GP will be checking the thyroid hormone levels [thyroid function tests] at regular intervals i.e. every 6 months or so and adjusting the thyroxine dosage as necessary.

**Bleeding**: This is a rare complication causing neck discomfort or in severe cases breathing difficulties and you may need to go back to theatre to control it. The rate of reoperation for haemorrhage is between 0.9% and 2%*

**Neck scar**: Usually the scars heal well though it can take 6 months to reach its final appearance. Occasionally the scar may become relatively thick.

**Tracheostomy**: This is extremely rare and may be necessary when recurrent laryngeal nerves on both sides are injured leading to breathing problems.

After Your Operation

Most patients are discharged 1-2 days after surgery. You may have a drain inserted in your neck to drain any excessive fluid. This is usually removed the next day:

- You will have clips or stitches, which will need to be removed either at the hospital or at your GP surgery. You will be advised regarding this
- There can be some bruising and swelling around the wound for a few days
- When you are at home watch out for tingling sensation in your body, which is a sign that calcium levels are low. Take a glass of milk, which is rich in calcium, and contact the ward

*For more information about our Trust and the services we provide please visit our website: www.nl.nhs.uk*
Work
You should be able to return to light work after 2 weeks and heavy/lifting job after 4 weeks.

Driving
You should be able to resume driving in a week or two provided you feel alert and have no other problems. Please check with your surgeon.

Exercises
These exercises help your neck move freely:
Do it gently without triggering pain
• Turn your head to right as far as possible
• Repeat for the left side
• Bend your head forward on to your chest
• Tip your head back looking upwards
• Take your right ear down to your shoulder and then the left

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Useful Contact Numbers
Ward B4, Diana Princess of Wales Hospital Grimsby: 01472 877454

Useful Websites
www.btf-thyroid.org
www.baets.org.uk

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

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Date of issue: May, 2014
Review Period: May, 2017
Author: ENT Consultant
IFP-264 v1.1
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