



# Thyroidectomy - Total

Discharge Date \_\_\_\_\_

Post Op Appointment \_\_\_\_\_

Discharge meds given? Yes / No \_\_\_\_\_

Time Panadol last given \_\_\_\_\_

## The Recovery/Time Off

The recovery from a Total Thyroidectomy takes 2 weeks. Most patients stay 2 nights, occasionally more if a drain tube has been required and its output remains elevated or if your calcium levels drop. I advise strictly no exercise or exertion for 2 weeks. At the end of the recovery period the front of your neck will still feel a little tight and there will be a fullness/thickening under the incision, however your energy levels should be back to normal and most patients will be fine to return to work. *Please ask for a certificate if needed.*

## Post Op Medications

Prescriptions will be individualised according to other health issues, age, weight and any allergies.

### 1) Pain Killers

The key is to take regular pain relief to avoid severe pain occurring. I will typically prescribe:

- Regular Paracetamol 1g four times daily for 5 days.
- Celebrex 100mg twice daily for 5 days.
- Oxycodone 5mg to be taken as required.

Paracetamol and Celebrex taken regularly will often be adequate. Oxycodone is a strong painkiller related to morphine. Take this if you are still uncomfortable but be aware that it will make you drowsy and can cause nausea and constipation. Please ask your chemist for a Laxative at the first hint of constipation.

### 2) Thyroxine

Now that the thyroid is gone you will need lifelong thyroid hormone replacement. The starting dose is usually between 100mcg and 150mcg depending on your weight. In some instances I will arrange for an endocrinologist to become involved to manage your dose. Most patients will need a TSH blood test at 2months post op, and then every 3-6months via their GP till stable.

## Post Op Problems

### Recurrent Laryngeal Nerve injury

Every effort is made to avoid this complication, however a temporary palsy occurs in approximately 2% and a permanent paralysis in 1%. It results in a markedly weak, breathy voice and reduced ability to cough and strain with force. Occasionally in some thyroid cancers this nerve will need to be divided purposefully to ensure complete removal of the tumour. I will check your larynx before surgery (in my rooms) and at your post op appointment to confirm normal movement of your vocal cords. In the extremely rare event of both nerves being injured a tracheostomy (breathing tube in the neck) may be required.

### Hypo-Parathyroidism (low Calcium levels)

If your parathyroid glands have been inadvertently devascularised, injured or removed you may require calcium and or vitamin D tablets. 10% of patients will need calcium tablets temporarily (for up to 3months), and 1% will require this permanently. Calcium is an important salt in the body and has a

crucial role in the function of muscles and nerves. Symptoms of a low calcium are tingling (typically in the limbs/lips) and muscle cramps. If you develop these symptoms you must inform a member of staff or return immediately to the hospital for a calcium blood test. If untreated this can be life threatening within days. If you are started on calcium and or Vitamin D (calcitriol) tablets, I will arrange for an endocrinologist to aid with the management.

## Bleeding

Approximately 2% of patients will *suddenly develop* a haematoma (collection of blood) in the wound. If small it can be left alone to gradually reabsorb over the next few weeks, however if large this can compromise your breathing and may require a return to theatre to evacuate the blood. A haematoma stereotypically occurs in the first hour or two after the operation but can very rarely happen after going home (in the event of major straining). If you are concerned call 000.

## Seroma

A soft collection of fluid may *gradually develop* in the wound bed during the first week after surgery causing the area to look and feel swollen. This will progressively feel tighter, plateau, then go away over a few weeks if left alone. If causing pain/concern it can be drawn out with a needle at your post op appointment.

## Scar Management

The scar is in a cosmetically sensitive area and it's normal to be anxious or concerned about its appearance. Initially it will be a little raised/heaped and reddish-pink. By 2 months the redness will begin to fade and by a year it is usually quite subtle. Some useful tips...

- A loose/light scarf is good camouflage initially
- Skin colour steri-strips or beige paper tape along the wound can both camouflage and help flatten the scar.
- Use a Moisturiser with Vitamin E (eg BioOil).
- Always apply suncream to your scar

## If you need help....

- 1) **In hours call me via my office 52218490**
- 2) **After hours call me on my mobile 0425746617**
- 3) **If I am unable to respond please attend the Geelong Hospital Emergency Department and the on-call ENT surgeon will become involved if necessary.**  
**OR**
- 4) **call an ambulance on 000**