



Imperial College Healthcare
NHS Trust

Hammersmith Endocrine & Thyroid —Surgery—

If you have any queries or problems following your thyroid surgery, you should contact your surgical team via their secretary or speak to your GP

Prof Palazzo & Miss Di Marco's secretary, Annemarie:

020 3313 8542

Prof Tolley's secretary, Min:

020 3312 1091

Professor Fausto Palazzo

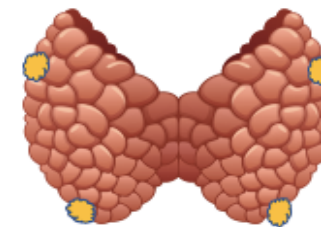
Professor Neil Tolley

Miss. Aimee Di Marco

Post-Operative Instructions

Thyroidectomy

(Hemi-, Total and Completion)



1st post-operative day/night: It is normal to experience pain/discomfort in the front of your neck, your neck muscles and inside your throat but these will be controlled with painkilling tablets: usually paracetamol (ibuprofen and similar medications should be avoided for a week before and after).

You should remain in a semi-upright position (at approximately 45 degrees) for the first night after your operation.

You will be able to drink and eat after the operation and there are no particular restrictions as long as you are not feeling sick.

The nurses will check on you regularly – please report any concerns to them.

You may have bloods tests taken on the evening of your operation and the next morning (depending on your surgeon's instructions).

Wound care: Your wound has been closed with hidden, dissolvable stitches and skin glue on the surface. This should be left in place for about 2 weeks. The glue is water resistant so you may shower/get it wet and then simply dab (do not rub) dry. It is normal to notice some discolouration of the glue.

After 2 weeks you can massage off the glue with the help of a moisturiser. Continue with twice daily moisturizing around the scar in small circles for a minute twice per day for a few weeks. Increase the pressure applied as you are able to tolerate.

Complications: these are uncommon and include wound infection and swelling under the wound due to bleeding. The latter is more common in patients on blood-thinners. **If your wound becomes very swollen and tight suddenly, go to your nearest hospital.** If you have gradual onset/mild tightness, see your GP. If there is also redness, it is likely you have an infection and require antibiotics.

Activities: You should generally restrict vigorous activities for 1 to 2 weeks following your surgery. Activities which involve turning the head suddenly, such as driving should, be avoided until you are able to move your neck freely. Gentle neck exercises may be performed from day one after your operation.

Normal symptoms: A variety of local symptoms are common for several weeks after surgery including some tightness and swelling of the local area around the wound. Numbness of the skin above the wound may be present and may last for some months.

Medication: it is advisable to take regular paracetamol to control pain.

If you have had all of your thyroid removed, you will require **thyroxine** and may need **calcium/vitamin** tablets as well. Thyroxine is started the morning after surgery (unless you have been treated for severe Graves' disease when this might be delayed).

Calcium Supplements: It is very common for the calcium level in your blood to drop *after removal of all thyroid tissue* (not applicable to hemithyroidectomy patients). This may cause symptoms such as tingling around the mouth and in the hands and, very occasionally, cramping of the hands and feet. You will be given calcium tablets from the evening of surgery to help prevent this. The result of your blood tests will determine how long you continue calcium tablets and whether you also require vitamin D (alfacalcidol). If you are still taking calcium and/or vitamin D at follow-up you will have further bloods tests and be advised on whether to reduce/stop these.

Follow up: Generally, your follow-up will consist of

An appointment with your surgical team at 2 - 3 weeks after surgery

+/- A final surgical follow-up consult at 3 months

If you have had surgery for a cancer, you will have ongoing follow-up with your surgical team / oncologist / endocrinologist.