ENT & FACIAL PLASTIC SURGICAL ASSOCIATES, LLP
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TOTAL THYROIDECTOMY

Indications: It has been recommended that you have your entire thyroid removed. This is usually considered when you have a nodule that is cancerous or there is a concern of cancer. Other indications include nodules causing some compression symptoms, cosmetic deformity, producing too much hormone such as in Grave's Disease or toxic nodules, Thyroid nodules on both lobes of the thyroid enlarging over time, or a history of neck radiation exposure. Observations of nodules with repeat ultrasounds, or fine needle aspirations as well as medical therapy may be alternative options to consider. In the case of Grave's or other forms of hyperthyroidism, I131 radiation may be an alternative.

Material Risk: Weakness of the vocal cords from nerve injury causing change in voice or shortness of breath (This could be temporary or permanent), Low calcium levels secondary to surgical effects on the parathyroid (removal or more commonly disruption of the blood supply which could be temporary or permanent) and may require calcium and Vitamin supplements up to 4 times a day, requiring thyroid hormone replacement, Hematoma, difficulty swallowing, infection, airway problems that could require tracheotomy, pneumothorax, leak of air from the trachea, bleeding, esophageal perforation, and death.

What to Expect: The operation on average takes anywhere from one and a half to two and a half hours. You will be admitted overnight for observation and you may have a small drain coming from the operative site. The next day, if you have a drain, it will be removed and you should be discharged from the hospital. If no drain is present you may be discharged by phone. Most patients have some minor swallowing discomfort and neck pain that usually does not require a lot of pain medicine once you leave the hospital. You will have steri strips over your incision and you can shower and get them wet without concern. If they fall off before the first visit it is not a problem, just clean the incision three times a day with hydrogen peroxide and bacitracin ointment. There are usually no stitches to be removed. Heavy lifting and bending should be avoided for two weeks after the surgery. You will be requested to go back to the hospital after discharge for a blood test for calcium levels on postoperative days 2 and 3.

Symptoms of low calcium, if it were to occur are numbness and tingling of fingers, lips, toes or muscle contractions. These typically occur within 72 hours of the operation, so I all patients should have a large bottle of extra-strength Tums (750mg Calcium Carbonate (300mg elemental calcium)) available at the house. (Alternative calcium sources to have available are Oscal 1250mg calcium carbinate (500mg elemental calcium) or Caltrate-600 (600 mg of elemental calcium)). If these symptoms occur call the office (215) 757- 7300 or (609) 890- 7800 you will be given instructions of what to do. If symptoms are severe and prompt call back has not occurred take 5 Tums and wait for a call back. If you get excessive neck swelling or shortness of breath call immediately and go to the nearest emergency room. You will be started on a thyroid medication in the immediate postoperative period unless you are specifically instructed otherwise. If excessive tiredness, intolerance to hot or cold, excessive weight gain or weight loss, sleepiness, or feeling very anxious were to occur, call the doctor because your thyroid medication may need adjustment.

When you return for the first postoperative visit one week after your surgery, your vocal cord mobility will be assessed and pathology will be discussed (On some occasions the pathology may be sent for a second opinion and may not be available on this visit but will be discussed with you as soon as made available to the doctor. Don't assume no news is good news and if you have not heard back after a week from this visit please call us). If the pathology is benign, your next follow up is usually in three months. Just prior to this visit thyroid blood test and a calcium level will be obtained to see if adjustments of thyroid medication are needed. If the Pathology is cancer, most likely additional follow up with an Endocrinologist will be recommended to consider postoperative radioactive I131 oblation.

I have read the above and I have had the opportunity to discuss and ask my Doctor and/or the office staff any questions and I fully understand my alternatives and the risk of this procedure.

_____ Patient Signature (Or authorized signature) _____ Date

_____ Witness _____ Date

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