

HEMI -THYROIDECTOMY and ISTHMOSECTOMY

Indications: It has been recommended that you have half your thyroid removed. This is usually considered when you have a nodule that there is concern about cancer potential. Other indications include nodules causing some compression symptoms, cosmetic deformity, the nodule or lobe is producing too much hormone, the nodule is enlarging over time, or a history of neck radiation exposure. Observation of nodules with repeat ultrasounds, or fine needle aspirations as well as medical therapy may be alternative options to consider.

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, the possibility of requiring thyroid hormone replacement, Hematoma, difficulty swallowing, infection, anesthesia, airway problems that may require tracheotomy, pneumothorax, leak of air from the trachea, bleeding, perforation of the esophagus, and death.

What to Expect: The operation on average takes anywhere from one to two 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 your incision with hydrogen peroxide and bacitracin ointment three times a day. There are usually no stitches to be removed. Heavy lifting and bending should be avoided for two weeks after the operation

Symptoms of low calcium if it were to occur are numbness and tingling of fingers, lips, toes or muscle contractions (this is extremely rare if only half your thyroid is being removed, and has never been observed by Dr. Moses in this setting). These typically occur within 72 hours of the operation, so all patients should have a large bottle of extra-strength Tums (Calcium Carbonate) available at the house. 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 generally not be started on any thyroid medication in the immediate postoperative period but levels are usually checked about 3 months after the operation. If excessive tiredness, intolerance to hot or cold, or excessive weight gain were to persist for more than three weeks after your operation then levels may be checked sooner.

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 thyroid hormone replacement or adjustments are needed. If small nodules were noted on the other side but at this time not removal, then a follow up Ultrasound will be recommended in 8 to 12 months. If the Pathology is cancer, most likely it will be recommended to have the other side of the thyroid removed in a timely manner.

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