

Preparation

- Your doctor will review your medical, surgical and allergy histories.
- You will be seen by the surgeon and the anaesthetist. The surgery would be explained to you again and consent for surgery would be obtained.
- Under Malaysian law, consent for surgery must be given by a parent (or a guardian) for a minor (under the age of 16) or for those who are not capable in providing consent.
- One week before surgery, you will be instructed to stop taking aspirin and other blood-thinning medications, if you are on these medications.
- You can continue all your other medications unless specified by your doctor.
- You must disclose to your doctor if there is a possibility that you may be pregnant.
- You will be instructed to fast the night before your surgery to reduce the risk of vomiting.
- You will need to remove all necklaces, earrings and other accessories from your body before you are taken to the operating room.

How It's Done

- Thyroidectomy is usually done under general anaesthesia. You would be unconscious throughout surgery.
- An intravenous (IV) line will be inserted into one of your veins to deliver fluids and medications.
- A 6–7 cm incision will be made through the skin over the lower front portion of your neck.
- Next, the strap muscles located below the skin would be separated to reveal the thyroid gland.
- Then, all or part of your thyroid gland will be excised from the surrounding tissues and removed.
- A small suction tube may be placed temporarily to drain excess blood from the wound cavity after the surgery.

Following surgery

- You will be monitored in a recovery room for several hours after the surgery before returning to your hospital bed.
- You may be allowed to drink and eat after the surgery once you are fully awake.
- Most patients go home a day or two after the surgery. The suction tube, if used, will usually be removed before you go home.

Follow-Up

- Your doctor will inspect the healing of your wound a week after surgery.
- You may need periodic blood tests to measure your thyroid hormone and calcium levels.
- Calcium levels are important to assess the function of your parathyroid glands, which may be affected during surgery.
- You will need to take thyroid supplements for the rest of your life if the whole thyroid gland has been removed.

Possible complications from the surgery include:

- Haemorrhage (bleeding) beneath the neck wound.
 - Thyroid storm (thyrotoxicosis) if a thyroidectomy is done to treat a very overactive gland.
 - Voice hoarseness due to injury to the nerves controlling the voice box.
 - Low blood calcium levels (Hypocalcaemia).
 - Wound infection.
- You should seek medical advice if you experience the following:
- Numbness and tingling around the mouth or hands.
 - Change in voice.
 - Swelling or redness over the scar.

Resource person:

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Disediakan Oleh:

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PATIENT INFORMATION LEAFLET

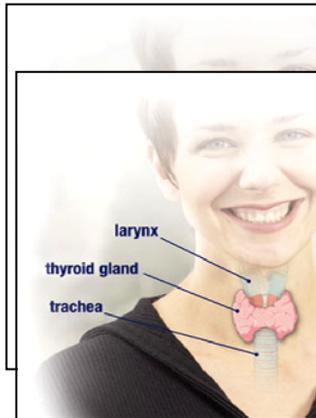
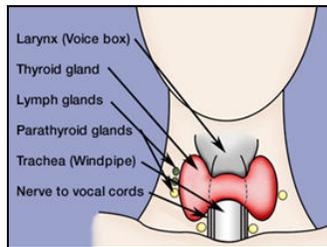
THYROIDECTOMY



THYROIDECTOMY

Is removal of the thyroid gland. It is usually done for one or more of the following reasons:

- Your thyroid gland may be too large. A goitre is a common name for this.
- It may have one or more swellings in it.
- It may be pressing on other neck structures.
- It may be overactive.
- It may be cancerous .



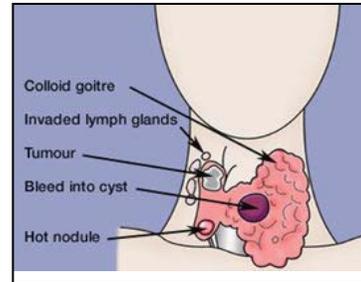
What is the thyroid gland?

The thyroid gland is an organ located at the neck. It makes the hormone thyroxine. Hormones are chemicals that are released by cells that affects the function of other cells in your body. Thyroxine is a hormone that keeps the body and other cells working at a correct speed.

Our thyroid gland produces thyroxine from the iodine we consume and stores it in the thyroid gland as a thick liquid called colloid before releasing it into our body when it is needed.

What has gone wrong?

- The most common problem is a colloid build up that is making one or more swellings (colloid cysts) in the gland. There may be some bleeding into a colloid cyst, making the thyroid suddenly a little larger and perhaps uncomfortable.
- A tumour can arise in the thyroid, causing swelling. 10% of them can be cancerous.
- Sometimes the gland makes too much thyroxine. This causes the body to be overactive. There could be palpitations, anxiety, intolerance to heat, diarrhea and weight loss.



As the gland swells it may cause pressure effects such as:

- Discomfort or pain.
- Pressure on the windpipe causing shortness of breath.
- Pressure on the throat causing difficulty swallowing.
- Pressure on the nerves to the voice box causing a hoarseness of the voice.

The aims

- are to stop the pressure effects of the gland.
- to remove any tumour and prevent any tumour in the neck from coming back.
- to remove overactive thyroid tissue.
- to avoid any damage to the nerves and parathyroid glands.

The benefits

- You will lose the pressure effects.
- Any tumour removed will be examined to see if further treatment is needed.
- The effects of an overactive thyroid should disappear.

Are there any alternatives?

- If there are pressure effects due to inflammation of the thyroid, removal of only the central part of the thyroid in front of the windpipe is worth considering.
- If bleeding into a cyst is settling down, and it is unlikely to be a tumour, it is reasonable to wait and see if it happens again.
- If the thyroid is overactive and has not settled down after a course of drug treatment, then treatment with radioactive iodine is offered. Operation is usually better for a younger patient than radioactive iodine.
- Radiotherapy is reserved for a rare type of tumour called anaplastic cancer.

What if you do nothing?

- If the thyroid is already pressing on your windpipe, it may get rapidly worse
- It might block your windpipe and stop your breathing completely.

The various types of thyroidectomy include:

- **Total thyroidectomy.** The entire thyroid gland is removed.
- **Thyroid lobectomy or Hemithyroidectomy.** All of one thyroid lobe is removed.
- **Subtotal thyroidectomy.** One thyroid lobe, the isthmus and part of the second lobe are removed.
- **Partial thyroid lobectomy (a rare procedure).** Only part of one thyroid lobe is removed.