Patient information factsheet

Discharge advice following thyroidectomy

Definition
A thyroidectomy is an operation to remove the thyroid gland. This gland is situated in the base of the neck and consists of two lobes, one on either side of the windpipe (trachea). The thyroid gland helps regulate the metabolic rate by the secretion of the thyroid hormone.

There also lies behind, or sometimes within, the thyroid gland a pair of small glands called the parathyroids. These glands produce parathyroid hormone, which helps to control the distribution of calcium and phosphate in the body. Surgery may also involve removal of the parathyroid gland(s) and this is termed a parathyroidectomy.

A total thyroidectomy involves removing the entire thyroid gland. With a partial thyroidectomy, only the diseased part of the gland is removed. In sub-total thyroidectomy, the surgeon removes 90% of the gland.

Discharge advice

Your surgeon will advise you on a specific period of recovery, but in general about two weeks rest at home is advised. During this time, avoid driving, operating heavy machinery and strenuous activity, in order to recover from the anaesthetic and surgery. If you require a sick certificate, please ask the medical staff before you leave.

It is common to feel tired in the first few weeks, particularly in the afternoon. You should be back to normal activities by four weeks.

Any stitches or wound clips will be removed (usually after ten days) either in the outpatient follow-up appointment or by your GP practice/community nurse. The appropriate arrangement will be explained to you before you leave.

Take care when bathing, showering or hair washing, particularly until any wound stitches or clips have been removed. Gently pat dry the area. Until fully healed, avoid using perfumes or aftershaves, scented soaps or creams as these can irritate the area.

Rarely, the wound can become infected. To reduce the risk, be hygienic, regularly wash hands with soap and water, keep the area clean, and use clean towels, clothes and bed linen etc.

Any pain or discomfort, bruising or swelling will settle after one to two weeks. For the first two weeks, sleeping propped-up with pillows will help reduce swelling and alleviate pain. The nursing staff will discuss with you how and when any prescribed pain relief medication should be taken.

Follow a healthy diet and avoid alcohol until fully recovered. A diet of softer, easy-to-eat foods may be easier to swallow until the throat feels more comfortable.

Avoid or cut down on smoking as it interferes with the body’s ability to heal and also irritates the throat. Staff can provide advice on quitting, aids to help you quit (e.g. nicotine patches) and contacts for support groups.

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Sometimes, your voice may be hoarse or weak following surgery. This is due to injuring the recurrent laryngeal nerve that lies close to the thyroid gland. In most cases, this settles after a few weeks, but occasionally this may be permanent.

For some patients who have had their parathyroid gland(s) removed, calcium levels in your body may drop and you can feel muscle cramps and tingling in your fingers and around your mouth. You may need treatment with calcium supplements, and for some this may be long-term.

If most or all of your thyroid gland has been removed, you will need replacement treatment with thyroxine tablets for the rest of your life. Your GP will regularly monitor your blood thyroxine levels.

Contact F5 ward if you have any concerns following discharge or if you experience any of the following:

• increasing pain, redness or swelling to the area
• raised temperature
• bleeding or discharge from the wound site
• difficulty with breathing (this is very rare and is caused by nerve damage and unusual degree of neck swelling)
• onset of muscle cramps or tingling in fingers and mouth

Contact information

F5 ward: 023 8120 6511 023 8120 4644

NHS 111: 111

If you need a translation of this document, an interpreter or a version in large print, Braille or audio, please call 023 8120 4688 for help.