

Bjorn Bie, M.D.  
Eric Stein, M.D.  
Arthur Lauretano, M.D.  
Vijay Nayak, M.D.  
Jessica Hootnick, M.D.  
Vishnu Kannabiran, M.D.  
Scott Finlay, M.D.  
Katherine Nickley, M.D.  
Ashley Swanson, PA-C



3 Meetinghouse Road  
Chelmsford, MA 01824  
280 Main Street  
Suite 140  
Nashua, NH 03060  
Phones: (978) 256-5557  
(603) 594-3025  
Fax: (978) 256-1835  
www.massent.com

## Thyroidectomy Information Sheet

The thyroid gland is located in the midline of the neck below the voice box. It produces thyroid hormone, a critical hormone for the body. There are many types of thyroid disorders; thyroid surgery is generally performed to remove a mass/tumor of the thyroid that is concerning for cancer, or that has grown large and is interfering with function. Surgery is sometimes performed to remove a nodule or gland that is producing too much thyroid hormone.

Surgery is performed through an incision in the lower neck, exposing the thyroid gland. Then, either one or both of the thyroid lobes are removed, depending on the nature of the disease. Each lobe of the gland abuts two important structures: the laryngeal nerve which moves the vocal cord, and the parathyroid glands, which are tiny glands that control calcium balance. The goal of surgery is to remove the thyroid without injury to these important structures. These structures are small, so surgery is delicate and time consuming, taking 1 to 4 hours. Surgery is done at the hospital, usually with a one night stay. You will have labs done 2 weeks prior to surgery, and nothing to eat after midnight the night prior to surgery. Do not take any aspirin, motrin or advil for 2 weeks prior to surgery (Tylenol is okay). After surgery, you will receive a prescription for an antibiotic and pain pill. Instructions for these medications are listed on the bottles. Some patients with removal of both lobes will be placed on Tums and thyroid replacement hormones. Again, aspirin and Advil types of medication should NOT be taken for 3 weeks after the surgery and also should be avoided 2 weeks prior to the surgery. Tylenol is ok.

The major risk of thyroid surgery is weakness of the vocal cord, causing hoarseness and trouble swallowing. If both thyroid lobes are removed, there is also a risk of problems with calcium balance. Patients with removal of both thyroid lobes will require a thyroid hormone pill to replace their thyroid gland function; patients with removal of only one lobe generally do not.

If there are signs of a cancer during surgery, a more extensive procedure including removal of the other lobe, and removal of adjacent lymph nodes may be necessary. If uncertainty regarding the type of lesion still persists, additional surgery will often be postponed and completed at a later date if further studies performed by the pathologist determine that cancer is definitely present ("completion thyroidectomy").

After the operation it is normal to note some skin numbness and sore throat. There will be a scar. We take great care to perform a plastic surgery closure, and usually the scar improves over 6 months, becoming hard to see in the majority of patients. You should call the office if you notice increasing neck swelling, difficult breathing, or tingling around your lips and fingers.

Taking care of the wound: You should keep the incision clean and dry for at least one week. Bacitracin ointment should be applied twice a day. You should protect the incision from sun exposure with sunscreen SPF 15 or more for about 4 months. Most patients are seen back in the office in about one week. You should not hesitate to call if there are concerns prior to your follow up appointment.