

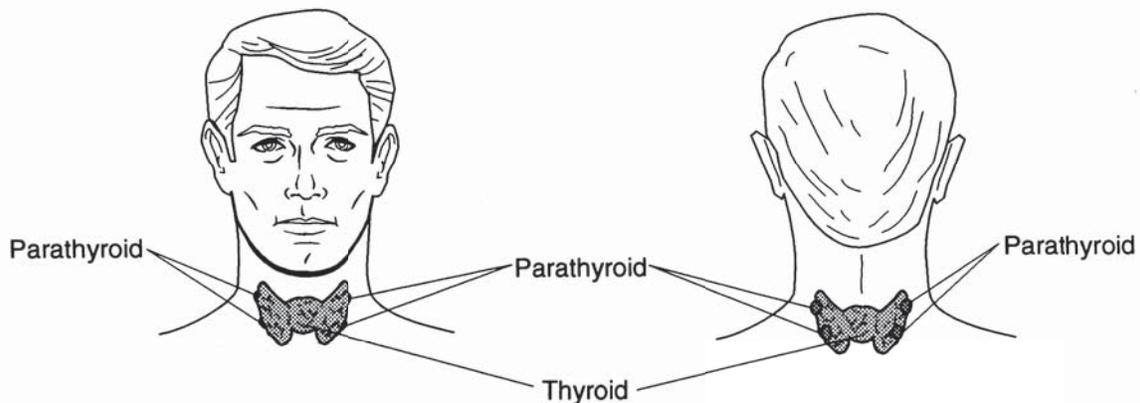
Thyroid or Parathyroid Surgery

This handout gives you information about what to expect before, during and after your surgery. If you have questions, ask your nurse or doctor for more information.

Thyroid or Parathyroid Surgery

- **Thyroidectomy** is a surgery to remove all or part of the thyroid gland. The thyroid is a small butterfly-shaped gland in your neck. It makes and stores hormones to help control your heart rate, body temperature, growth and metabolism.
- **Parathyroidectomy** is a surgery to remove the parathyroid glands. The four parathyroid glands are attached above and below the thyroid gland. Parathyroid hormones (parahormone) control the calcium level in your body.

Surgery may be necessary to remove tumors that may be cancer or benign, cysts, nodules and overactive or under-active goiters (enlargement of the thyroid gland). Because the thyroid and parathyroid glands are so close together, surgery done to one gland may cause problems with the other gland.



This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

Talk to your family doctor before you stop any of your medicines. This includes medicine for:

- Diabetes
- High Blood Pressure

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Before Your Surgery

You will be told when your scheduled admission date is and where to check in when you get to the hospital.

A nurse will talk with you and ask questions about your health and the surgery. These questions may be asked during pre-admission testing, in your hospital room or in pre-operative care areas. You will also be asked to not wear or remove the following items the day of surgery:

- Nail polish
- Make-up
- Jewelry
- Hair clips
- Dentures or partial plates
- Contact lenses or eyeglasses
- Hearing aids

Day of Your Surgery

- Your family can stay with you until you go to the Pre-operative Holding Area.
- The nurse will answer any questions you may have and tell where your family where to wait while you are in surgery.
- Your vital signs (blood pressure, pulse, temperature and breathing rate) will be taken at this time. Blood tests will be done, if needed. An IV (intravenous) catheter will be put into a vein to give you fluids.

During Surgery

- A nurse will check your identification (ID) bracelet. You will be asked about your allergies. Then you will be made comfortable on the operating room table.
- Your vital signs will be watched closely.
- You will be hooked up to a heart monitor to watch your heart rate and rhythm.
- A small clip (pulse oximeter) will be put on your finger to measure your pulse and the amount of oxygen in your blood.

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- Your doctor will tell you how long your surgery may take. Your family will be updated on how you are doing. After the surgery is over, the surgeon or an assistant will call or come to the waiting area to talk with your family.

After Surgery

Once your surgery is done, you will be moved to the Post Anesthesia Care Unit (PACU), for a period of time before going to your hospital room. The following is a list of what to expect when you wake up after surgery:

- Your vital signs will be checked often. If needed, you may be given oxygen through a small tube inside your nose.
- You may feel cold. This is normal if you have had general anesthesia. Warm blankets are available for you.
- Tell your nurse if you have pain and they will give you medicine to help make you more comfortable.
- When you are awake and your vital signs are normal, you will be taken to the Ambulatory Surgery Unit (ASU) or to your hospital room. Your vital signs, IV fluids and any drainage tubes and dressings will be checked.

Care After Surgery

- Your vital signs will be checked often.
- Deep breathing exercises help lower the risk of getting pneumonia after surgery. You will be taught to use a breathing exercise device (incentive spirometer). This device helps to keep your lungs clear after surgery.
- You will have an IV in your arm until you are able to drink fluids. You will start by sipping clear liquids and then move to a regular diet.
- You will have a 3 to 4 inch incision across the center part of your neck.
- The incision will be covered with a dressing until the day after surgery. Your nurse will check the incision for any bleeding, swelling, signs of infection or other problems.
- It is important to change your body position at least every 2 to 4 hours while in bed.

- You will sit up in a chair and walk the day of your surgery.
- Most people have some pain after surgery. It is important to keep pain under control to help with your recovery. Good pain control helps you feel comfortable, so you can take deep breaths, walk and sleep better.
- Pain medicine may be given into your IV, as a shot or a pill. The kind of pain medicine you get will depend on how much pain you are having and how well you can drink fluids. Tell your nurse right away if you have pain.

Checking for Low Calcium Levels

Surgery to the thyroid and parathyroid glands may lower the calcium level in your body. Calcium is a mineral in your body that is important for healthy bones, healthy teeth, normal blood clotting and helps the nerves and muscles to work properly.

While in the hospital, your calcium level may be checked in different ways:

- Your blood may be drawn to check your calcium levels.
- Your doctor or nurse may tap the side of your cheekbone to check for any twitching by the corner of your mouth and jaw. This is called a Chvostek's Sign
- Your doctor or nurse may put a blood pressure cuff on your arm and then watch for any hand twitching or bending at the wrist. This is called a Trousseau's Sign.

Tell the nurse right away if you have any of the following:

- Twitching
- Numbness or tingling around your mouth or the tips of your fingers
- Stiffness and cramping

If your calcium is low, your doctor may have you take a calcium pill. Sometimes vitamin D or Magnesium are also needed.

Thyroid Hormone Replacement

The thyroid gland makes hormones that your body needs to work properly. After a total or complete thyroidectomy, the amount of thyroid hormone in your body goes to a low level.

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You often will need to replace the thyroid hormone for the rest of your life. This hormone replacement is a pill, usually taken by mouth once a day.

If you need to take thyroid hormone medicine, a nurse or pharmacist will give you more information and answer any questions you have.

If you have any of these signs or symptoms of too little or too much thyroid hormone, call your doctor.

Signs and symptoms of **too little thyroid hormone** are:

- Muscle aches
- Brittle nails
- Coarse hair
- Constipation
- Dry skin
- Extreme tiredness (Fatigue)
- Hearing loss
- Not sweating a lot
- Loss of appetite
- Puffy eyes
- Slowed heart rate
- Unable to tolerate the cold
- Weight gain

Signs and symptoms of **too much thyroid hormone** are:

- Diarrhea
- Sweating a lot
- Eyelid droop
- Fast heart rate
- Hand Tremors
- Increased appetite
- Irregular heartbeat
- Nervousness
- Unable to tolerate heat
- Weight loss

Planning for Discharge

Information on how to care for yourself at home, your medicines and activity level will be explained to you before you leave.

Before you go home, ask your doctor or nurse questions you may have about exercise or any special activities after surgery.

Home Care

- It is common to feel more tired than normal for the first 1 to 2 weeks after surgery. Get extra sleep at night and take a nap during the day to help you feel less tired.
- You may shower 2 days after your surgery. Use soap and warm water to gently clean your incision. Pat the area dry, do not scrub.
- Leave the incision open to air and keep it clean and dry.
- Do not put any cream or lotion on the incision area. At your first follow up appointment, your doctor will talk with you about what products to use after surgery.
- Check your incision each day.

When to call the doctor

Call your doctor if you have any of the following:

- Skin near the incision becomes red, swollen and painful
- Unusual drainage (yellow or green pus-like drainage)
- Fever of 101 degrees Fahrenheit
- Hoarse voice
- Numbness or tingling in your face, lips or hands
- Twitching
- Stiffness and cramping