

PATIENTS UNDERGOING THYROID OR PARATHYROID SURGERY

These notes are to reinforce what you should already have been told in the Outpatient Clinic about your forthcoming operation. You will also find here information about what to expect after surgery, but you will have opportunities to talk to the surgical and nursing staff at all your visits to us, and during your inpatient stay. We will be delighted to answer any questions and/or expand on what is written in these notes.

The following very small risks associated with these types of operations should already have been discussed with you.

1. Voice Problems

The nerves which control your voice, coughing, etc., lie very close to the area where the surgery must take place. Rarely, the nerve or nerves may be damaged. It is uncommon (about 2 in 100 operations) for this damage to be permanent and for your voice to remain weak. If this does occur, steps can be taken to improve it. However, usually, this occurs only in the most extensive neck operations, and if this is the case it will have been clearly explained to you. However, you may have a temporary weakness of voice and coughing, but recovery normally occurs within a few weeks. Here, the nerves have just been 'bruised'. Every care will be taken to prevent this. Temporary weakness, which clears up after 24 - 48 hours, is quite common and is of no great concern.

2. Thyroid Hormone Replacement

In thyroid operations the gland that is left behind may be insufficient to produce enough thyroid hormone on its own - even in those patients where it was producing too much before the operation. This will be checked after the operation and, if necessary, you will be prescribed a small tablet to take each day to keep your body normal. From time to time this will be checked by us or by your G.P. via a simple blood test. The tablet is just as effective at keeping you healthy as your own thyroid hormone.

3. Calcium

After extensive thyroid operations, where, for various reasons, the whole of the gland is removed, and after parathyroid operations, there may be either a temporary or a permanent impairment of the calcium levels in your

body. This will have been explained to you, but blood tests to check on this will be carried out after surgery, and you may need treatment with tablets, either temporarily or, much more rarely, permanently.

What to expect after the operation

The operation could well have lasted several hours. Initially your neck will feel sore, but you need not be afraid that you will wake up in great pain. We go to great lengths to keep you as comfortable as possible, and steps to relieve your pain will have been started well before you wake up. After surgery you will go to a recovery ward in the operating theatre complex where you will be looked after until your recovery is advanced enough for your return to the ward to which you were admitted. You may or may not be aware of this period in 'recovery'; and many patients' first awareness is of being back in the surgical ward.

You will be able to move your head quite well, but inevitably this will be restricted for several days, again due to muscle bruising. During this time you may well get aching muscles in the back of your neck and headache, as you will tend to use these muscles much more than is usual until the muscles in the front of your neck recover.

At home

You will need to rest initially, but very quickly you will find that you can progressively do more and more. Remember that you have had a major operation, though most patients recover quickly.

When the scar no longer feels tender, gently massage it with moisturising cream or other skin cream; this will encourage it to become mobile and not stick to the underlying muscles. The scar usually becomes free in 3-4 weeks.

You must not drive a car until you feel well and can easily and comfortably turn your head to look back over your shoulders - both sides. The length of time it takes before this can be achieved varies from one patient to another. Some patients may experience some discomfort and feel as if they are having difficulty swallowing. This is usually short-lived and passes off within a few days.

Post-operative outpatient visits

You will be asked to attend the Outpatient Clinic, usually 2-4 weeks after you have gone home. It is likely that you will be asked to have a blood test to check your thyroid gland and calcium levels before the clinic visit, so that the results are available when you see the surgeon. At this visit we will also have the histology results - this is the pathologist's report on

what the thyroid or parathyroid tissue removed at surgery finally showed when examined under the microscope in the laboratory. This result will be discussed with you.

For some patients, this is the only visit they will need to make to the clinic, and they will be discharged into the care of their G.P. Other patients may need further outpatient visits to monitor their progress.

Contact numbers

Doncaster Royal Infirmary 01302 647231
ENT Secretaries 01302 553197

Any personal pre existing conditions may further increase the risk of surgery, these will be discussed with you at the time your consent is taken to proceed with surgery. Please ask any questions or discuss any concerns at this time.

