

# Thyroidectomy

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## What is it?

Thyroid is a butterfly-shaped gland located at the base of your neck. It produces hormones that regulate every aspect of your metabolism, from your heart rate to how quickly you burn calories. It is about 3 inches across. It makes the hormone thyroxine. Thyroxine passes into the blood stream to keep the body active. If the gland makes too much thyroxine, the body gets overactive and the heart can be strained. If the gland swells, it presses on the windpipe and other parts of the neck. It may cause an ugly swelling in the front of your neck. When this happens, the gland, or parts of it, needs to be removed.

## The Surgery

The operation will be performed under general anaesthetic which means that you will be put to sleep. You will be unconscious and you will not feel pain during the operation. A cut is made across the front of your neck. Some or the entire thyroid is taken out. Usually enough thyroid is left to supply your needs for thyroxine. If your entire thyroid is removed (total thyroidectomy), you need daily treatment with thyroid hormone to replace your thyroid's natural function. Great care is taken to avoid damaging the nerves that control your voice. The surgeon also avoids the nearby glands (parathyroid glands) that control your blood calcium salts. The cut in the skin is closed so that it heals with a barely visible scar. At least 4 days hospitalization is necessary.

## Any Alternatives

If left untreated, the thyroid problem will remain. For an overactive gland, drug treatment will not work very well, or may cause a bad reaction in you. Pressure effects are likely to get worse. Any swelling will get more unsightly. When the thyroid, or parts of it, is removed, they are sent for examination under the microscope to make sure that they don't harbour a cancerous tumour. If you don't have the operation, the possibility of a missed tumour remains. Drawing fluid out of a swelling gives relief only for a week or two. X-ray and laser treatment do not work.

## Before the operation

Stop smoking and reduce the weight if you are overweight. (See Healthy Living). If you know that you have problems with your blood pressure, heart, or lungs, consult your physician and ask him to check that these are under control. Check the hospital's advice about taking the Pill or hormone replacement therapy (HRT). Check you have a relative or friend who can come with you to the hospital, take you home, and look after you for the first week after the operation. Sort out any tablets, medicines, inhalers that you are using. Keep them in their original boxes and packets. Bring them to the hospital with you.

On the ward, you may be checked for past illnesses and may have special tests to make sure that you are well prepared and that you can have the operation as safely as possible. Please tell the doctors and nurses of any allergies to tablets, medicines or dressings. You will have the operation explained to you and will be asked to fill in an operation consent form. Many hospitals now run special preadmission clinics, where you visit for an hour or two, a few weeks or so before the operation for these checks.

### **After - In Hospital**

The wound may be mildly to moderately uncomfortable and you may have discomfort in your neck. Swallowing may be difficult. You will be given injections or pills for the pain. After three days you may experience less pain. The wound will have a dressing which may show some staining with old blood in the first 24 hours. A thin plastic drain tube is placed in the area where the thyroid used to be to drain any residual blood or other fluid from the area of the operation. The drain is removed when it stops draining - usually after 48 hours. There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after two to three days. This is expected and you should not be worried about it. There may be some swelling of the surrounding skin which also improves after about two to three days.

The wound is usually closed with stitches under the skin. These stitches dissolve over time and result in a very neat scar. Sometimes, the skin can be closed with metal clips or stitches which are removed three days after the operation and are replaced with small pieces of sticky paper tape to allow a better cosmetic result for the wound. Regardless of the way the wound is closed, you can wash it 7 to 10 days after the operation. If you have pieces of sticky paper tape on the wound they will peel off when you start washing. Soap and tap water are entirely adequate. Salted water is not necessary. You can wash or bathe the rest of your body normally. You will be given details about a check-up and the results of the tests two weeks after the operation.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wound will fall off. The cellulose varnish will peel off and can be assisted with nail varnish remover. Occasionally minor match head sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so. You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary. The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged. Some hospitals arrange a check up about one month after leaving hospital. Others leave check-ups to the General Practitioner. The nurses will advise about sick notes, certificates etc. You may need to see the Hematology specialist after your operation. This will be arranged.

### **After - At Home**

You are likely to feel very tired and need to rest two to three times a day for a week or more. You will gradually improve so that after about a month you will be able to return completely to your daily routine effortlessly. You can drive as soon as you can make an emergency stop

without hurting your neck, i.e. after about two weeks. You can restart sexual relations within two to three weeks when the wound is comfortable enough. You should be able to return to a light job after about two weeks and any heavy job within four to six weeks.

## **Possible Complications**

As with any operation under general anesthetic, there is a very small risk of complications related to your heart and lungs. The tests that you will have before the operation will make sure that you can have the operation in the safest possible way and will bring the risk for such complications very close to zero.

Complications are unusual but are rapidly recognized and dealt with by the surgical and nursing staff. If you think that all is not well, please let the doctors and nurses know.

Occasionally the wound swells due to a build-up of blood in the neck in the 24 hours after operation. The blood that builds up under the wound is drained through the drain tube that you will have in your neck. If you have some bleeding, you may need a blood transfusion (giving you blood by placing a fine thin plastic tube in one of your veins). Usually the bleeding stops. Rarely (in less than 0.5% of cases) may you need to go back to the operating theatre to stop the bleeding. This happens on the rare occasions when the blood builds up very quickly. Sometimes, it can even put pressure on your windpipe and eventually obstruct it and cause very serious problems with breathing.

Rarely, (in about 3 to 4% of cases) the voice is a little hoarse after the operation due to pulling on the nerves to the voice box. Very rarely (in less than 1% of cases) this becomes permanent. The surgeon will discuss this with you.

Sometimes the calcium in your blood falls below normal in the hours and days after the operation. This can give you a tingling feeling in your fingers or your lips. Most patients experience this problem 24 to 72 hours after the operation. After the removal of a large thyroid, about 20% of patients will need a calcium supplement to get the concentration of calcium in the blood back to normal levels. Eventually, everything will return to normal and these patients will no longer require additional calcium. However, in about 3% of cases this becomes a permanent problem and these patients will need calcium for the rest of their lives.

A very rare complication after a thyroidectomy is the development of what is called a lymphatic fistula. This happens when a pipe (thoracic duct) close to the thyroid is damaged during the operation causing the development of a fistula (a communication or channel) between the thoracic duct and the skin. The fistula allows continuous drainage of the lymph through the skin. The drainage sometimes stops but in some circumstances it can be a permanent problem for which you will need further treatment.

Another very rare complication during or after a thyroidectomy is the development of a 'thyroid storm'. This happens because during or after the operation any remnants of thyroid tissue can become over-reactive causing problems like a very fast heart rate and very high temperature. The 'storm' needs to be recognized and dealt with promptly with the right medication because it can otherwise be lethal.

Checks will be made on your blood thyroxine and other chemicals in the months and years after the operation. Sometimes long-term treatment is needed. Chest infections may arise, particularly in smokers. Do not smoke. Wound infection is a rare problem and settles down with antibiotics in a week or two. Aches and twinges may be felt in the wound for up to six months. Occasionally there are numb patches in the skin around the wound which get better after two to three months. Very rarely, the thyroid becomes overactive again. This can be checked in the outpatient clinic. Rarely, extra treatment is needed.

## General Advice

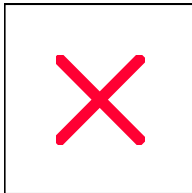
The operation is well tolerated. Some patients, however, are surprised that they recover more slowly than expected but you should be back doing your normal duties within a month. We hope these notes will help you through your operation. They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have any queries or problems, please ask the doctors or nurses.

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