Patient Information

Total thyroid surgery

Introduction

This leaflet will give you information about having surgery to remove your thyroid gland and answer some of the questions you may have.

What is the thyroid gland?

The thyroid is a small gland in the front of the neck, just below the larynx (voicebox). It is shaped a bit like a butterfly, being made up of 2 parts; the wings (lobes) with a central body (the isthmus). The function of the thyroid gland is to make hormones (tri-liodothyronine T3 and thyroxine; T4) which keep the body functioning normally.

Thyroid cancer

The tests that you have had show that you have cancer in your thyroid gland, or it may have been confirmed that you do have a thyroid cancer. As part of the process of confirming a diagnosis, your doctor will have already removed part of the thyroid gland, to send to the laboratory to be looked at under a microscope. This is called a hemi-thyroidectomy or partial-thyroidectomy. This might be all the treatment you need. However, you may need to have a second operation, to remove the remaining part of the thyroid gland. This is called a completion thyroidectomy or a total thyroidectomy.

About the operation

The operation will be done while you are under a general anaesthetic (asleep). You will need to stay in hospital for 1 to 2 nights. A small cut will be made at the front of the neck. If you have already had a partial thyroidectomy then your surgeon may be able to use the same incision used for your earlier operation. The thyroid gland or remaining part of the thyroid gland will be removed and will be sent to the laboratory to be looked at under a microscope. The incision will be closed.

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After the operation

The scar is usually in a natural fold in the skin and fades over the course of a few months. As the scar begins to heal, gentle massage with a simple moisturising cream will help it to flatten and fade.

Once your thyroid gland is removed, your body will no longer produce thyroid hormones. You will need to take thyroid replacement hormones for the rest of your life.

Risks

As with any operation, there is a small risk of bleeding or infection which can be treated with antibiotics.

Due to the position of the thyroid gland, the nerves which control the voice box may be damaged. During the operation, your surgeon will find the nerve and try and prevent it from being damaged. However, the nerve can become bruised due to being moved and it can take up to 6 months for it to recover.

If the nerve does become damaged, your voice may sound weak and hoarse. This is usually a temporary problem, but it can be permanent in a very small number of cases. You may have a vocal cord check before and after your surgery. You may be referred to a speech and language therapist if you have voice problems.

In rare cases, both vocal chords can become paralysed, creating a blockage in your windpipe, causing breathing difficulties. If this happens a tracheostomy may be required.

A tracheostomy is an opening created surgically through the trachea (windpipe). A tube is then placed in the opening to create a safer airway to breathe through.

With a thyroidectomy, there is a small risk of damage to the parathyroid glands. These are 4 very small glands behind the thyroid. They produce parathyroid hormone which helps to control the level of calcium in the blood. If the parathyroid glands are damaged, the level of calcium in the blood may become low (hypoparathyroidism). The most common symptoms are:

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- Tingling in the hands or feet or around the mouth
- Unusual muscle movements such as jerking, twitching or spasms
- Muscle cramps.

The calcium levels in your blood will be checked within 24hours of your surgery. If your calcium level is low, your doctor will prescribe calcium, and possibly vitamin D supplements. Often these are only needed for a short time as the hypoparathyroidism can be temporary. Your doctor will tell you how long you need to take them for.

If the level in your blood is found to be low in the long term, an endocrinologist or your GP will monitor it regularly.

Follow up

Your doctor will see you in the outpatients department a few weeks after your operation when the results have been received from the laboratory. The appointment details will either be given to you before you leave the hospital or sent through the post after your discharge. At the appointment, the doctor will be able to tell you if your treatment is now complete or if you will need to see an oncologist to talk about plans for any further treatment you may need.

Further treatment may include radioactive iodine or radiotherapy. You will be given the necessary information if needed.

Contact information

Macmillan
Freephone Tel: 0808 808 0121
Website: www.macmillan.org.uk

Focus Cancer and Information and Support Centre,
Oncology Unit
Cheltenham General Hospital
Tel: 0300 422 4414
Monday to Friday, 9:00am to 4:00pm (excluding Bank Holidays)

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British Thyroid Association
Tel: 0870 770 7933
Website: www.btf-thyroid.org

Further information

Information about the different types of thyroid cancer can be found in the Macmillan booklet 'Understanding Thyroid Cancer'. Please ask a member of staff if you would like a copy of this booklet, or you can order a copy from Macmillan. There is no charge for this.

Visit the following websites for more information:

Southwest Thyroid Cancer Support Group
Email: thyroid.west@gmail.com

Information prescriptions
Website: www.nhs.uk/ips

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