

**Patient
Information**

Hemi-thyroidectomy

Introduction

You have recently visited your GP with a swelling or lump in your neck or with symptoms that could mean your thyroid is not working correctly. An operation is needed to remove part of the thyroid gland to be sent the laboratory for testing in order to get a diagnosis. This leaflet will give you information about having surgery on your thyroid.

What is the thyroid gland?

The thyroid is a small gland in the front of the neck, just below the larynx (voice box). It is shaped a bit like a butterfly, being made up of 2 parts; the wings (lobes) with a central body (the isthmus). Its function is to make hormones (thyroxine T4 and triiodothyronine T3) that keep the body working at its normal rate.

Diagnosis

As part of the process of getting a diagnosis, your consultant surgeon may need to remove part of the lobe which will be sent to the laboratories to be looked at under a microscope. This is called a hemi-thyroidectomy (also known as a partial-thyroidectomy). Cells that have been removed from your thyroid gland are looked at under a microscope to see if there are any cancerous cells.

About the operation

The operation will be performed under a general anaesthetic, so you will be asleep and unaware of the process. You will need to stay in hospital for 1 to 2 nights.

A small cut will be made at the front of your neck. The affected half of the thyroid gland will be removed and the cut will be closed. After the operation you will be given pain relief, such as paracetamol, which will help you feel more comfortable. If you do not have any pain relief at home, let the nurse know before you are discharged, so you can have some to take home.

Reference No.

GHPI1207_05_17

Department

Oncology

Review due

May 2020

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

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 that control the voice box may be damaged during surgery. If the nerve does become damaged your voice may sound weak and hoarse but this is usually temporary.

Follow up

Your doctor will see you in the outpatients department a few weeks after the operation when the results from the laboratory have been received. The appointment details will either be given to you before you leave the hospital or sent through the post after your discharge.

If a cancer diagnosis is confirmed, your doctor will explain what happens next and discuss further treatment with you.

Contact information

If you have any questions or concerns please contact: Focus Cancer Information and Support Centre Oncology Unit
Cheltenham General Hospital Tel: 0300 422 4414 (Monday to Friday, 9:00am to 4:00pm)

Further information

Further 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 leaflet or you can order directly from Macmillan, free of charge. You can also visit the following websites for more information.

Information prescriptions

Website: www.nhs.uk/ips

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British Thyroid Association

Tel: 01423 709707

Website: www.bft-thyroid.org

Macmillan

Freephone: 0808 808 0000

Website: www.macmillan.org.uk

Content reviewed: May 2017



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