

When do I see the doctor after surgery?

- Call 832-957-6500 to make an appointment to with your surgeon one to three weeks after surgery. We are happy to see post-op check patients in person or virtually. **For your safety and convenience, we strongly recommend a telehealth visit for your post-op care.**
- Make an appointment to see your endocrinologist two to six weeks after surgery.
- If you do not have an endocrinologist, we are happy to give you a referral.

Warning Signs to Watch Out for

Call your healthcare team at 832-957-6500 if you see or feel:

- Increasing pain, redness or pus coming from your incision
- A fever of more than 101°F
- Lots of coughing each time you swallow

When should I get help right away?

- If you are having trouble breathing, or feel like you are breathing through a small straw
- You have swelling or puffiness at the wound site that:
 - Is bigger than an apple or orange
 - Is getting bigger
 - Puts pressure on your throat

If you experience any of these, contact your surgeon or return to the emergency room at Baylor St. Luke's Medical Center and call your surgeon's office at 832-957-6500 to let them know.

Contact your surgeon directly by text or email

Dr. Grogan 650-353-8612 or rgrogan@bcm.edu Dr. Suliburk 832-724-6382 or suliburk@bcm.edu

How do I contact the doctor if I do not have an emergency?

- Send a message to our team on MyChart with your question or concern (fastest)
- Call the clinic at 832-957-6500 (expected response time generally within 24_hrs)
- Send an email to Dr. Suliburk at suliburk@bcm.edu
- Send an email to Dr. Grogan at rgrogan@bcm.edu
- Medical Issues – Chanda Sou (PAC) at 713-798-8166 (M-F 8a-4p)
- Non-Medical Issues – Medical Assistant at 832-957-6500 (M-F 8a-4p)

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PATIENT EDUCATION

Endocrine Surgery

THYROIDECTOMY

MICHAEL E. DeBAKEY
DEPARTMENT OF SURGERY

Thyroid gland surgery removes all or part of the thyroid gland. The thyroid gland is a butterfly-shaped gland located inside the front of the lower neck. The thyroid gland is part of the endocrine system and helps your body regulate your metabolism.

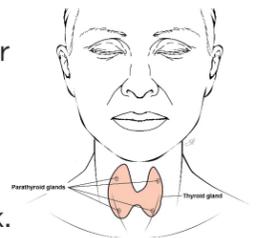
You may have surgery if you have an overactive thyroid gland and do not want to have radioactive iodine treatment or you cannot be treated with anti-thyroid medicines.

Additional reasons for thyroid removal include thyroid cancer, a small thyroid growth (nodule or cyst), (benign) tumors of the thyroid that are causing symptoms or thyroid swelling (nontoxic goiter) that makes it hard to breathe or swallow

Types of Thyroid Surgery

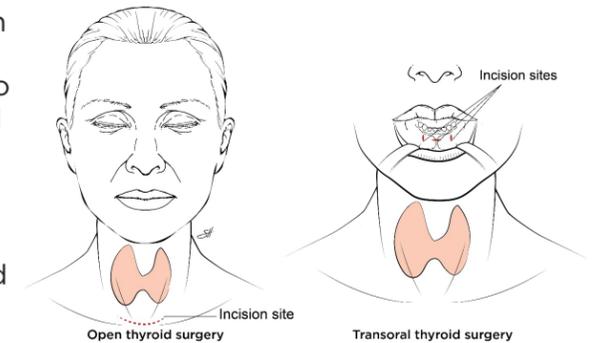
Open Thyroidectomy

The standard removal of part or all of the thyroid gland through an incision on the neck.



Scarless

Transoral thyroidectomy or transoral vestibular approach (TOVA) allows for the safe and total removal of the thyroid or parathyroid glands with no external scarring to the neck. Of all "scarless" thyroid surgeries, the transoral technique is the only one that is truly scarless. Although other types of thyroid and parathyroid techniques may not leave a scar on the neck, they do leave a scar at the alternative incision point, the armpit, hairline or nipple. Baylor endocrine surgeons are internationally recognized experts with this operation.

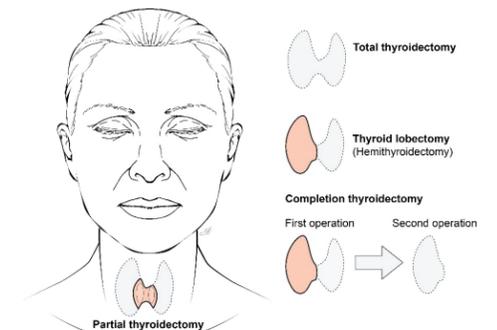


Advantages of Transoral Surgery

Benefits of the TOVA are three-fold: It preserves the natural appearance of the neck, leaves no external reminder of the operation and provides a quick and easy recovery.

Types of Thyroidectomy Procedures

- **Partial thyroidectomy** removes part of the thyroid gland. Sometimes, this means only a single nodule.
- **Thyroid lobectomy** (hemithyroidectomy) removes either the right or left side of the thyroid.
- **Total thyroidectomy** removes the entire thyroid gland.
- **Completion thyroidectomy** removes any remaining thyroid tissue from a patient who had previous thyroid surgery.

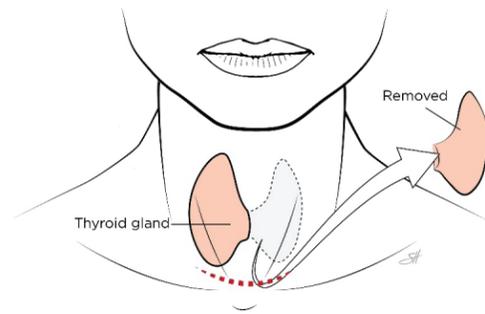


What is a Thyroidectomy Procedure?

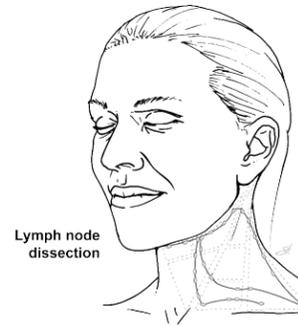
During a thyroidectomy procedure, our surgeon makes a cut in the middle of your neck right on top of the thyroid gland. The cut can be less than 2-inches long or be 3- to 4-inches long. All or part of the gland is then removed.

The reason why you are having your thyroid gland removed determines if you will have a partial or total thyroidectomy.

You will have general anesthesia and be asleep for this surgery. In rare cases, the surgery is done with local anesthesia and medicine to relax you. In this scenario, you will be awake, but feel no pain during the procedure.



Lymph Node Dissection



You may also need a lymph node dissection. In this operation, your surgeon will remove lymph nodes from the neck. These may be in the middle of the neck along the trachea (windpipe) or along the side of the neck, from the bottom of the ear to the collarbone.

After Surgery

Recovery - What to Expect

- After surgery you will wake up in the recovery room. You will have an IV for hydration and an oxygen mask to deliver humidified oxygen. Your surgical incision will be covered with either a surgical glue sealant or with small bandage tape. It is common for there to be a small amount of blood on the outside of the dressing.
- Pain medication is delivered through an IV until you are able to take liquids by mouth.
- When you are fully awake and not experiencing nausea, you will be allowed to eat.
- Most patients go home the same day, about three to four hours following the completion of surgery. Otherwise, you will be discharged the next morning after your lab results are available and you have had breakfast. The overnight stay is still considered an outpatient service.

Now that You're Home

- Before discharge from the hospital, you will be given instructions for your post-operative appointment with your surgeon. If you don't receive an appointment, please call your surgeon's office at 832-957-6500 to schedule one or send them a message on MyChart.
- On average, expect a one to two week recovery period. Occasionally, some patients report even longer periods to completely recover. This depends on the type of surgery and your overall health and activity level before surgery. Remember that recovering from surgery takes a lot of your body's protein and energy to do so. You may tire easily during your recovery, but proper nutrition and exercise will help you to get stronger.

What can I eat?

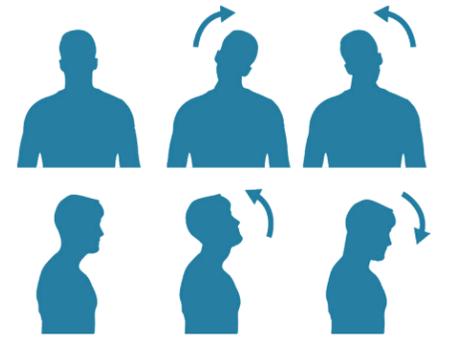
- You may eat your normal diet when you get home
- If your throat is still sore, try cold, soft foods

When can I drive?

- You can drive when you can easily turn your head both ways
- DO NOT DRIVE while taking prescription pain medicine

When can I exercise?

- Start stretching slowly and gently the day after surgery
- Begin with these stretching exercises the day after your surgery. You will not hurt the incision.
- Move slowly, gently and fully. Do each exercise three times and repeat this during the day in the morning, lunch and evening. Do this until you come to the clinic for your post-op visit.



What is normal after surgery?

- Having a sore throat
- Having a stiff neck
- It may feel different to swallow
- Having small swelling or "puffiness" at the incision

How do I care for my wound?

If you have Steri-strips (pieces of tape) covering the incision:

- Wait to take a shower or a bath until 36 hours after surgery
- Take the tape off when you bathe. Wash gently with soap & water
- Pat the wound dry
- Cover the incision with the recommended bandage (see last page)

If you have Dermabond (skin glue/sealant):

- You may shower the morning after surgery
- Wash gently with soap & water
- Pat the wound clean and dry
- Do not take off Dermabond for 2 weeks
- If the Dermabond has not fallen off after two weeks you may peel the rest off and wash incision with soap and water. The incision will be fully healed.

What about pain?

- It is normal to have some pain and mild swelling at the surgery site
- The doctor may give you a prescription for a small amount of pain medicine to use when your pain is severe
- Non-prescription medicines, such as naproxen (Aleve®) and acetaminophen (Tylenol®), help when pain is mild and when taken together work almost as well as prescription medication.
- The table shows how to take these.
- If the pain worsens, let your doctor know.

	Before Breakfast 6:00 am	After Breakfast 9:00 am	With Lunch 12:00 pm	With Dinner 6:00 pm	Evening 9:00 pm
acetaminophen (Tylenol) 500 mg tablet	Take 1 		Take 1 	Take 1 	
naproxen (Aleve) 220 mg tablet		Take 2 			Take 2

Blood Thinners/Anti Platelet Medication

Antiplatelet Medication - Aspirin, Plavix, Brilinta, Effient:

- If you stopped taking this medication before surgery, you may start taking the medication again 24 hours after surgery.

Anticoagulant Medication - Warfarin, Eliquis, Pradaxa, Xarelto, Lixiana

- **You will have stopped this for surgery. Resume taking this medication on the 3rd day after your surgery.**

Stop Methimazole or Propylthiouracil or SSKI/Lugol's Solution

- If you were taking either one of these medications before, you will need to stop them after surgery.