

Endocrine Surgery

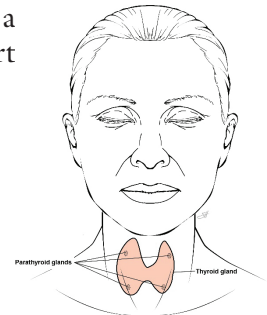
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THYROIDECTOMY

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.

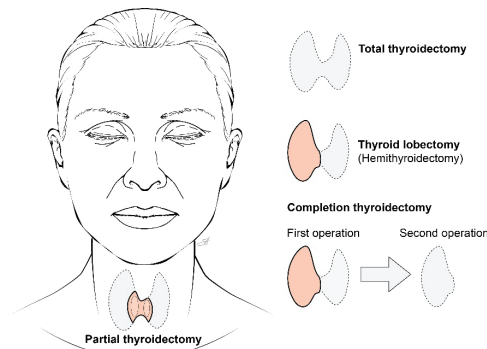
You may have surgery if you have an overactive thyroid gland and do not want to have radioactive iodine treatment or you cannot be treated with anti-thyroid medicines.

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 Thyroidectomy Procedures

- **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.

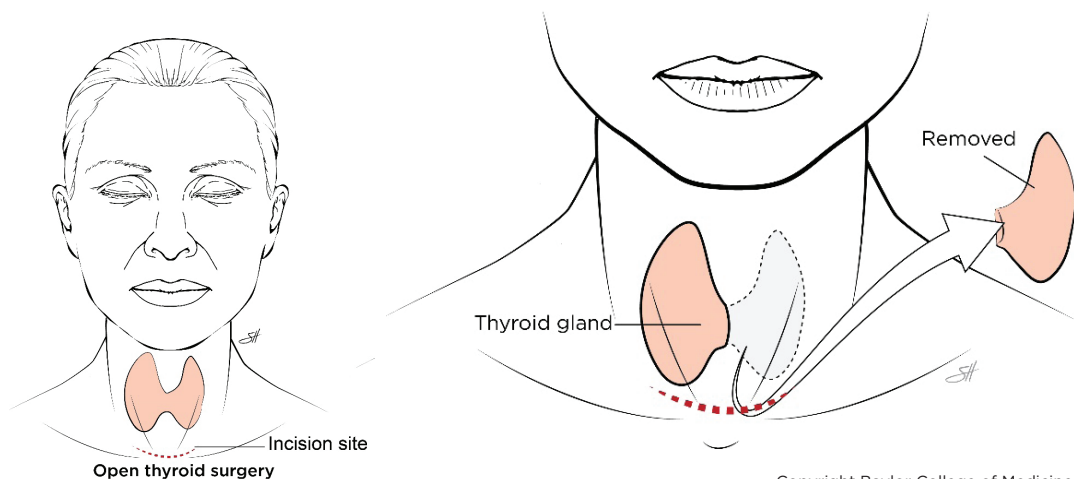


What is a Thyroidectomy Procedure?

During a thyroidectomy procedure, your 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.

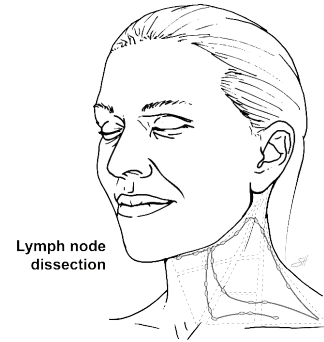
The reason why you are having your thyroid gland removed determines if you will have a partial or total thyroidectomy.

You will have general anesthesia and be asleep for this surgery.



Lymph Node Dissection

If your surgery is for thyroid cancer, 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.



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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 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

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?

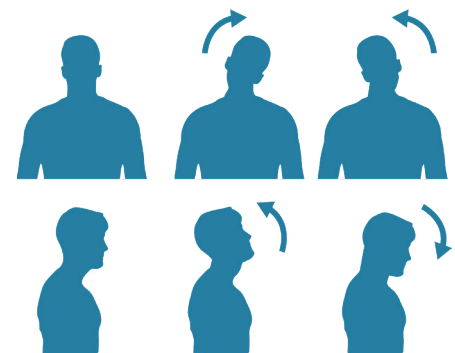
- You may eat your normal diet when you get home
- If your throat is still sore, try cold, soft foods

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 two days after surgery
- Wash gently with soap & water
- Pat the wound dry
- If your Steri-strips come off or get too dirty in the week after surgery, you may replace with DuoDerm ExtraThin dressing or Advanced Healing Hydrocolloid Adhesive pads.
- Ten days after your surgery, remove the Steri-strips or these dressings. You may then begin using scar treatments such as silicone scar sheets. ScarAway is one brand of these that works well.
- All of these dressings are available over the counter and should be used according to package instructions

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 Breeakfast 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 

Medications

Warfarin (Coumadin), Aspirin, Brillinta, Plavix (clopidogrel), Eliquis or Xarelto

- You stopped this medicine before surgery.
- You may start taking the medicine again 3 days after surgery.

Methimazole, PTU, SSKI and beta-blockers (eg propranolol)

- Stop taking methimazole, PTU and SSKI after your surgery
- Keep taking your beta-blocker until you follow up with your primary care doctor or cardiologist.

Thyroid hormone

- **Total thyroidectomy:** After a total thyroidectomy you will need to take a thyroid hormone pill once a day for the rest of your life. Please take this pill as directed starting on the day you go home from surgery. This dose may need to be adjusted, however it is usually not adjusted until 4–6 weeks after the surgery. Your endocrinologist or your PCP will be the person in charge of adjusting this medication for you at that time. This is why it is very important that you follow up with your endocrinologist or your PCP, no later than 4 weeks after surgery.
- **Thyroid lobectomy:** Some patients will need to be placed on thyroid hormone replacement after thyroid lobectomy, as well, but will not start until 4–6 weeks after surgery.

Calcium and Vitamin D

- Take one Citracal Max Plus tablet twice a day for two weeks after surgery. If your parathyroid hormone level is low after surgery, you may also need a prescription-activated form of Vitamin D called calcitriol. If you need it, this will be prescribed to you at the time of discharge.
- If you develop numbness, tingling or cramping around your mouth or in your fingers and toes, this may be due to low blood-calcium. Should you experience these symptoms, take 4–8 Citracal tablets every 4 hours. If your systems do not go away, please call the office.
- All women over 40 should take 1–2 grams of calcium daily for bone health long-term.

When do I see the doctor after surgery?

- You will follow up with your surgery team approximately 2 weeks after your surgery. This appointment will be scheduled before your surgery. If you do not know when it is, please call the office. Follow-up visits are typically performed over video visit.
- Follow up with your endocrinologist (or PCP if you do not have an endocrinologist) 4-6 weeks after surgery.
- Pathology results will typically be available 5-10 working days after surgery. If there is something unexpected, Dr. Zheng will call you. Otherwise, we will discuss the pathology results at the post-operative visit.

Warning Signs to Watch Out for

Call your healthcare team at 713-798-7711 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 and call your surgeon's office at 713-798-7711 to let them know.

Contact your surgeon directly by text or email

Dr. Feibi Zheng 858-405-9868 or Feibi.Zheng@bcm.edu



For non-urgent concerns, MyChart is a great way to get in touch with your surgery team by sending secure messages. You may also attach photos if you have concerns about your incision site. If you do not have Baylor MyChart, call the office and the staff will assist you in setting it up.

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