

Procedure Information Sheet - Thyroidectomy

Introduction

To excise the whole or part of the thyroid gland.

Indications

1. Malignant thyroid tumor.
2. Benign thyroid diseases with pressure or aesthetic symptoms.
3. Thyrotoxicosis that failed non-surgical therapy.
4. Suspicious of malignancy.

Procedure

1. Make skin incision in the neck.
2. Separate tissues, blood vessels, and nerves in the neck to access the thyroid gland.
3. Remove part of or all thyroid gland.
4. Remove lymph nodes in the area for thyroid cancer.
5. A drainage tube may be inserted.
6. Closed the wound.

◆ Intended benefit and expected outcome after the procedure

1. Complete removal of malignant tumor.
2. Control of thyrotoxicosis.
3. There is a chance of incomplete removal of disease and recurrence.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Fast for 6 to 8 hours before operation.
3. Inform doctor of any medical condition, e.g. diabetes mellitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement.

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Possible risks and complications

A. Common ($\geq 1\%$ risk)

1. Bleeding.
2. Infection.
3. Haematoma.
4. Scar problem.
5. Recurrent laryngeal nerve injury with aspiration and breathy voice in unilateral injury or airway obstruction in bilateral injury.
6. Parathyroid insufficiency causing muscle cramp requiring lifelong replacement medication.

B. Uncommon ($<1\%$ risk)

1. Pneumothorax.
2. Thyroid crisis (in thyrotoxic cases).
3. Tracheomalacia causing airway problem.
4. Death due to serious surgical and anaesthetic complications.

Post-operative information

A. Hospital care

1. Neck wound dressing and drainage tubes may be in place.
2. May need analgesic for pain and discomfort after the procedure.
3. Lie in a slightly head up position.
4. Keep the wound clean and dry; avoid excessive head and neck movement.
5. Intensive observation on wound, blood pressure, pulse, breath rate and other vital sign by medical staff. Inform nurses if you have shortness of breath, marked neck pain, swelling or bleeding.

B. Home care after discharge

1. Take medication and follow up as instructed by your doctor.
2. Seek medical attention at the nearby emergency department or your doctor if you have fever, shortness of breath, marked neck pain, swelling or bleeding.
3. Keep the wound clean and dry, and avoid excessive head and neck movement.
4. Inform your doctor if you have symptoms of tremor or cramp.
5. Resume normal activities if there is no more neck pain and after medical assessment.

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6. Radioactive Iodine treatment may be required after operation in case of thyroid cancer.
7. Thyroid insufficiency requiring lifelong thyroxin replacement medication.

Risk if not undergoing the procedure

1. Progression of tumor and death.
2. Uncontrolled thyrotoxicosis.
3. Persistent or progressive pressure or aesthetic symptom.

Alternative treatment

1. Radiotherapy may be used alternatively for thyrotoxicosis.
2. Post-op radiotherapy in term of external radiotherapy and Radioactive Iodine (RAI) for adjuvant treatment.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____