



Procedure Information – Thyroidectomy

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

To excise the whole or part of the thyroid gland

Indication

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

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

Conditions that Would Not be Benefited by the Procedure

Tumour extends beyond the confine of thyroid and is fixed to adjacent structures

The 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 and the other involved structures in the area for thyroid cancer
5. A drainage tube may be inserted
6. Closed the wound

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Possible risks and complications

1. **Common Risks and Complications ($\geq 1\%$ risk)**

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

2. **Uncommon Risks with Serious Consequences ($<1\%$ risk)**

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

Before the Procedure

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



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After the Procedure

1. 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.

2. 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.
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.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date