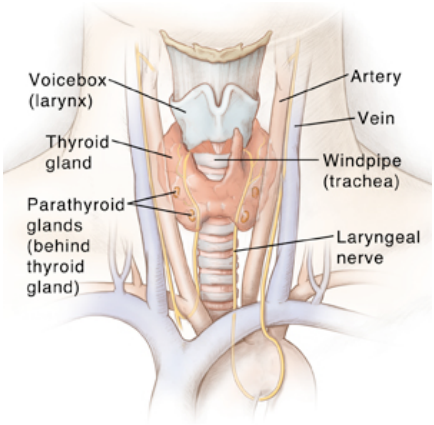
Mr Nicholas Agar
GEELONG
Head and Neck

Revised 2021

Total Thyroidectomy



Post Op Appointment:

The Recovery/Time Off

The recovery from a Total Thyroidectomy takes 2 weeks. Most patients stay 1-2 nights, occasionally more if a drain tube has been required and its output remains elevated or if your calcium levels drop significantly. The anaesthetic may cause some nausea and the nerve monitor breathing tube will give you a sore throat internally and some minor voice huskiness for a few days. I expect the front of your neck to be sore and feel tight for 2weeks. I advise strictly no exercise for two weeks - however walking and staying mobile is good for you. At the end of the recovery period the front of your neck will still feel tight and there will be a fullness/thickening under the incision from the deep layer of sutures for about 2months. Most patients will be fine to return to work at 2 weeks.

Post Op Medications

Pain Killers Prescriptions will be individualised according to other health issues, age, weight and any allergies. I will typically prescribe:

•Regular use of both Paracetamol four times a day and Celebrex (an anti-inflammatory) twice daily for 5-7 days.

•Opiate pain medications are sometimes required. These cause side effects such as sedation, nausea and constipation. Ideally avoid them unless you're in significant discomfort. If you do end up needing frequent opiate painkillers please ask your chemist for a Laxative at the first hint of constipation.

Thyroxine

Now that the thyroid is gone you will need lifelong thyroid hormone replacement. The starting dose is usually between 100mcg and 150mcg depending on your weight. Most patients will need a TSH blood test 2months post op, then every 3-6 months until stable, and annually there-after.

Post Op Problems

Recurrent Laryngeal Nerve injury. Every effort is made to avoid this complication, however a temporary palsy occurs in approximately 2% and a permanent paralysis in 1%. It results in a markedly weak, breathy voice and reduced ability to cough and strain with force. Occasionally in some thyroid cancers this nerve will need to be divided purposefully to ensure complete removal of the tumour. I will check your larynx before surgery (in my rooms) and at your post op appointment to confirm normal movement of your vocal cords. In the extremely rare event of both nerves being injured a tracheostomy (breathing tube in the neck) may be required.

Hypo-Parathyroidism (low Calcium levels). If your parathyroid glands have been inadvertently devascularised, injured or removed you may require calcium and or vitamin D tablets. 10% of patients will need calcium tablets temporarily (for up to 3months), and 1% will require this permanently. Calcium is an important salt in the body and has a crucial role in the function of muscles and nerves. Symptoms of a low calcium are tingling (typically in the limbs/lips) and muscle cramps. If you develop these symptoms you must inform a member of staff or return immediately to the hospital for a calcium blood test. If untreated this can be life threatening within days to weeks. If you are started on calcium and or Vitamin D (calcitriol) tablets, I will likely arrange for an endocrinologist to aid with the management.

Bleeding. Approximately 2% of patients will *suddenly develop* a heamatoma (collection of blood) in the wound. If small it can be left alone to gradually reabsorb over the next few weeks, however if large this can compromise your breathing and may require a return to theatre to evacuate the blood. A heamatoma stereotypically occurs in the first hour or two after the operation but can very rarely happen after going home (in the event of major straining). If you are concerned call me and or 000.

Seroma. A soft collection of fluid can *gradually* develop in the wound bed during the first week, causing the incision and surrounding area to look and feel swollen and proud. I don't use drain tubes routinely (to avoid the additional scar and discomfort that they cause), and therefore developing a seroma is actually quite common in my patients - to the point that its almost expected. The wound will progressively feel tighter as this fluid accumulates in the wound, plateau at the 1 week mark, then go away by 2-3 weeks if left alone.

Scar Management.

The scar is in a cosmetically sensitive area and it's normal to be anxious or concerned about its appearance. I use a dissolvable 5-0 monocril suture which is buried under the surface of the skin, and I apply steri-strips along the incision to keep the skin edge flat while healing. Please leave this dressing in place for the first week, have brief showers only and try to keep it dry. If it falls off it is fine to leave the incision open to the air.

A normal scar will initially be pink and a little raised, it will feel firmer than the surrounding skin, and there is often some mild surrounding bruising that fades over a week. By 2 months the redness of the incision line will lessen and by a year it is usually a thin white line.

•A loose/light scarf is good camouflage initially.

•Advanced Healing Band Aids are an excellent product for scar management, an alternative is skin coloured paper tape (micropore). These products camouflage the incision, but more importantly keep the skin edge flat and slightly humid to enhance healing. I will apply one at my post op appointment -to be changed every 3-4days to the 3 week mark.

•From 3 weeks onwards I advise a daily application of a scar cream or moisturiser (available from all chemists).

If you need help….

1) In hours call me via my office 52218490.
2) After hours call me on my mobile 0425746617.
3) If urgent Call 000 or attend the emergency department at either St John of God or Barwon Health. Please do not attend the Epworth.