

## TREATMENT CENTRE

**Please follow the fasting instructions in your  
appointment letter**

**Please bring this information leaflet on the day of your  
operation**

**On the day of your operation, please bring:**

- ✓ THIS INFORMATION PACK
- ✓ Dressing gown and slippers
- ✓ Contact telephone number for a lift home
- ✓ Something to read or to pass the time
- ✓ All medication in original containers

**Please do not:**

- ✗ Bring any valuables
- ✗ Wear face make-up or lipstick
- ✗ Wear **any** nail varnish or false nails
- ✗ Wear jewellery
- ✗ Chew gum on the morning of your operation

If you have any worries or queries prior to your procedure please contact:

Pre-assessment on 01536 492867

Monday to Friday 9am to noon

Day Case Ward on 01536 493680

Monday to Friday 8am to 5 pm

Geddington Ward 01536 491313

Monday to Friday 24 hours and  
Saturday mornings

Information checked and adjusted by:

Date:

## Information for patients



**KGH is a non-  
smoking  
environment**

If you wish to make any comments or require a copy of  
this information in another format or language,  
please contact the PALS Office:  
Telephone 01536 493305 or email : [PALS@kgh.nhs.uk](mailto:PALS@kgh.nhs.uk)

# INSTRUCTIONS FOR PATIENTS

## WHO HAVE HAD A GENERAL ANAESTHETIC

Anaesthetic drugs may remain in the body for 24 hours gradually wearing off over this time. During the 24 hours following your anaesthetic you are under the influence of these drugs, therefore it is very important to follow these instructions:

- 1. You must be taken home in a car or taxi. You must be accompanied by a responsible adult (18 years or over) who will stay with you all the time for 24 hours following surgery.**
2. Do not operate machinery and avoid using appliances such as cookers and kettles.
3. Avoid alcohol.
4. Smoking may cause you to feel sick and dizzy.
5. It is advisable **not** to lock the bathroom or toilet door, or to make yourself inaccessible to the person looking after you in any other way.
6. Drink plenty of fluids (at least 2 litres per day) and avoid heavy or greasy foods. You may return to your normal diet gradually as you feel able.
7. Do not make important decisions, or sign important documents.
8. Take things easy the day after your operation and do not work with machinery or take strenuous exercise.
9. You should not be caring for young children alone.
10. Do not drive a car or any other vehicle, including bicycles, for 2 days. **Your motor insurance may be invalid if you do not comply with these instructions.** You should check with your motor insurers before resuming driving, as some insurers will not cover their clients for a certain length of time following surgery.

Some people may be slightly nauseated, tired or light-headed following a general anaesthetic, but this should wear off after a few days.

General Anaesthetic	Thyroidectomy
Reference: British Association of Day Surgery	Reference : <a href="http://www.sanct.nhs.uk/patient_care/P11/23519.pdf">www.sanct.nhs.uk/patient_care/P11/23519.pdf</a> accessed 21.9.07 <a href="http://www.British-thyroid-association.org/patieintinformation">www.British-thyroid-association.org/patieintinformation</a> , accessed 21.9.07
Author: Karen Judge, ward sister, DCU, Sept 2000	Author: Suzanne Cotter, pre-operative assessment nurse, DCU Nov 2007
Approved by: Dr J Luthman, consultant anaesthetist	Approved by: Mr Al-Hamali, consultant surgeon
Reviewed by Karen Judge June & Oct 2002, Apr 2004, June & Sept 2005, June 2006 & March 2007	Reviewed by: Michelle Wright, surgical care practitioner, TC, Feb 2008
PIC approved: Feb 2006 & Sept 2007, March 2008	Next review: Feb 2010
Ref: 10.PI.0344 Thyroidectomy (TC)	Point of issue: pre-op

# OPERATION: THYROIDECTOMY

## WHAT IS A THYROIDECTOMY?

It is an operation to remove all (total) or part (partial) of the thyroid gland.

## ALTERNATIVE OPTIONS FOR TREATMENT

Any suitable alternative treatment should have been discussed with you at your outpatient appointment. If this was not the case, please do not hesitate to ask for further information.

## PREPARATION REQUIRED BEFORE SURGERY

The day you come in for your operation it would be helpful if you could take a bath or shower, and remove any jewellery especially from the neck area. You will need to bring some clothes, which are loose fitting around the neck, to wear when you go home.

## WHAT WILL HAPPEN WHEN YOU ARRIVE ON THE UNIT/WARD?

The surgeon will ask you to sign a consent form for the operation and may mark the area to be operated on.

You will be seen by an anaesthetist (a doctor who sends you off to sleep and helps with pain control). The anaesthetist will ask questions about your general health.

## FOLLOWING SURGERY

- You may have a small tube called a 'drain' in the wound. This is to remove any blood or fluid that naturally collects under the wound. The drain is normally removed the next day. However, it may stay in longer if necessary.
- A drip may also be running into a vein in your arm until you are able to drink comfortably (normally within 24 hours).
- If you have had a total thyroidectomy you will need to have a few blood tests to check that your body's calcium levels have remained normal. If the levels have dropped, the calcium can be replaced with tablets, this is usually only for a short while.
- Please inform the nurse if you require pain relief after the operation.

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## GOING HOME

You must be taken home in a car or taxi and accompanied by a responsible adult (18 years or over).

It is anticipated that your length of stay will be:

- as a day case patient 1 day, or
- as an in-patient 2 days.

Please ensure that you are collected promptly when you are discharged.

Please give the 'Carer's leaflet' that you have been given in Pre-operative Assessment, to your carer. This gives them information, a map and telephone numbers.

## WHAT ARE THE RISKS?

Very rarely the operation may cause laryngeal nerve damage. This nerve supplies the voice. Slight huskiness of the voice is not unusual after the operation and normally settles within a few weeks. This change can be permanent, but this is rare.

There is a slight risk of infection in the wound site. If your face becomes increasingly painful, red or swollen, or you notice any discharge, then seek medical advice.

The thyroid has an extensive blood supply so this may cause problems with bleeding. You will be closely observed for any signs of bleeding.

There is also a risk of damage to the parathyroid glands. They are responsible for controlling calcium in the blood. Damage to the parathyroid glands is very rare.

Your neck may appear swollen and hard to the touch, with some numbness. This will gradually resolve as healing takes place.

## WHAT ARE THE BENEFITS?

Having a thyroidectomy should mean that your thyroid problem is resolved. If only part of the gland is removed, this may mean a return to normal function. If the whole gland is removed, you will require thyroid hormone replacement, but this is easily managed with tablets.

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## POST SURGERY INSTRUCTIONS

If you have stitches they will be removed .....

You may feel some discomfort for a short period after your operation, you may also find it painful to swallow, this is quite normal. Nutritious drinks are helpful in maintaining a balanced diet, which will also assist with healing.

You will be given medication to take home to relieve any discomfort or soreness. Take as prescribed and do not exceed the recommended dose.

Keep your neck wound clean and dry until stitches are removed.

After the stitches are removed and the scar is healing well, you can rub in a small amount of unscented moisturising cream (aloe vera, E45 or calendula). This will help to soften the scar.

You will need to rest and take things easy while your neck wound is healing. You should have at least 2 weeks off work, maybe more if your job is strenuous and involves lifting. If you are unsure please discuss this with your doctor. You will be issued with a sick note when you are discharged.

Please refrain from driving for 2 weeks. Check with your motor insurers before resuming driving again.

### Total thyroidectomy

You will need to have blood taken 2 days and 10 days after you are discharged from the ward to check the levels of calcium in your blood. The nurse will give you 2 blood test forms to take home with you; you can then have the blood taken at your GP surgery.

Your GP will then be taking regular blood tests, to ensure the correct dose of replacement thyroid hormone is being given.

### Partial thyroidectomy

You will need a blood test approximately 6 weeks after your operation, to check you have adequate thyroid hormone in the blood.

Thyroid tablets are not normally required, as there is still thyroid tissue left, which produces thyroid hormone.

**If you have any worries or queries, please contact the Treatment Centre  
between the hours of 8am – 5pm, Monday to Friday ☎ 01536 493680  
Outside of these hours please contact your GP**

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	Page 5 of 5