仁安醫院
UNION HOSPITAL

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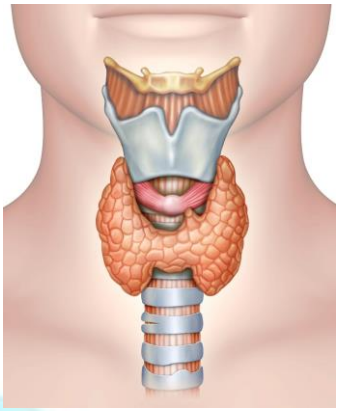
Operation Information

Hemi-thyroidectomy/ Total Thyroidectomy

Introduction



Source: https://www.ifoundmydoctor.com/wp-content/uploads/2021/12/Overview-of-the-Thryoid-Gland-scaled-1.jpeg

The thyroid gland is located at the front of the trachea and below the larynx. It produces the hormones that regulate metabolism, body temperature and blood pressure.

Hemi-thyroidectomy (HT) or Total Thyroidectomy (TT) is a surgical procedure to remove all or part of the thyroid gland. It is used to treat thyroid disorders including cancer, goiter (non-cancerous enlargement of the thyroid) and overactive thyroid.

Indications: Malignant thyroid tumor, benign thyroid diseases, thyrotoxicosis or suspected malignancy.

Outcomes

HT or TT is a surgical intervention to remove the pathological changes in thyroid gland. If the thyroid gland is totally removed, it means that you will need a life-long thyroid hormone replacement or calcium replacement.

Procedures

1. The operation is performed under general anaesthesia.
2. A small incision is made in the neck with access to the thyroid gland.
3. All or part of the thyroid gland is removed.
4. Any affected lymph nodes in the area of thyroid cancer are also removed (if any).
5. A drainage tube may be necessary.
6. The wound is closed with sutures.

Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Wound haematoma
4. Scarring
5. Thyroid insufficiency requiring lifelong thyroxine replacement (TT)
6. Parathyroid insufficiency requiring lifelong calcium replacement (TT)
7. Damage to recurrent laryngeal nerve causing a voice change/ hoarseness and acute respiratory distress
8. Pneumothorax
9. Thyroid crisis (in thyrotoxic cases)
10. Tracheomalacia causing airway problem
11. Death

** The risks listed above are in general terms and the possibility of complications is not exhaustive.

Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
4. You may have a blood test, ultrasound, heart tracing (ECG), chest x-ray and CT scans before the operation if needed.
5. Nurse will supply surgical soap to you for washing the operation site as necessary.
6. Before your operation a doctor will mark the side you are to be operated on. Please do not wash off the marking.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
   - experience discomfort in the throat after tracheal intubation.
   - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. You will be sitting upright in your bed supported by pillows which help to reduce any neck swelling and discomfort.
3. The lower neck would mildly swell during the first 24-48 hours, and then subside slowly over 1-2 weeks.
4. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
5. Please inform the nurse when experiencing tingling of limbs or around the lips.
6. An intravenous infusion will be given to replenish fluids and administer medications.
7. You will have frequent blood tests to monitor the level of calcium in your blood.
8. If your calcium levels falls very low, your doctor may prescribe intravenous calcium drip to you.
9. A slight voice change may occur and vocal recovery normally takes a short period of time.
10. You will feel some discomfort, sore and stiffness around your neck.
11. You will normally be discharged few days after the operation depending on your condition.

Wound and scar management

1. The wound will be covered with a sterile dressing which must be kept dry. Wound dressing is not routinely required and will be decided by doctor.
2. You may take shower a few days after the operation but must ensure that the dressing is waterproof and remains clean and dry.
3. The drain(s) will be removed few days after the operation depending on your condition.
4. The scar will usually fade after a few months. Avoid direct sun exposure as it may make the surrounding skin become darken than usual. Silicon-based products may help fade and flatten the

scar. You may consult your doctor for the best timing of using scar lightening products.

Diet

1. Please continue fasting (no food or drinks) immediately after the operation. Intravenous infusion may be required to supply water and electrolytes. This will be removed as far as you are drinking normally.
2. A normal diet may be resumed as instructed after recovery from anaesthesia.

Advice on Discharge

1. Prescribed pain medication may be taken as needed.
2. Please avoid strenuous activity and heavy lifting for a couple of weeks and your neck will gradually feel less stiff.
3. Please keep your wound clean and dry.
4. Immediately consult your doctor or return to hospital for professional attention in the event of shortness of breath, severe wound pain related to redness or swelling, massive bleeding or secretion of pus, numbness or tingling in your face, hands or lips, shivering, high fever over 38^{o}C or 100.4^{o}F, or any other unusual symptoms etc.
5. Any follow-up consultations should be attended as scheduled.

Alternative Treatment

1. Radiotherapy may be used for malignant thyroid cancers or uncontrolled thyrotoxicosis.
2. Chemotherapy may be used for malignant thyroid cancer.
3. Symptomatic palliative treatment may be used for advanced thyroid cancer.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee