WHAT IS A THYROIDECTOMY?
A thyroidectomy is the procedure performed to remove all or part of the thyroid gland. Located in the front of the neck, the thyroid is a butterfly-shaped gland, consisting of two lobes connected by an isthmus. The gland is responsible for regulating metabolism by secreting hormones. When diseases affect the thyroid, its size or activity may become abnormal. These diseases include thyroid cancer, goiter, and hyperthyroidism. Thyroid problems can often be treated medically, but in some cases, the thyroid needs to be removed. The extent of thyroid removal depends on the patient’s condition.

- Partial thyroid lobectomy – the removal of part of a lobe
- Thyroid lobectomy – the removal of an entire lobe
- Thyroid lobectomy with isthmusectomy – the removal of the isthmus in addition to a lobe
- Subtotal thyroidectomy – the removal of a lobe, the isthmus, and part of the other lobe
- Total thyroidectomy – the removal of the entire thyroid gland

DETAILS OF THE PROCEDURE

WHAT TYPE OF ANESTHESIA WILL BE USED?
Before the operation, you will have an interview with an anesthesiologist. A thyroidectomy is performed under general anesthesia, which will keep you asleep during surgery.

WHAT HAPPENS ON THE DAY OF SURGERY?
You will report to a pre-operative nursing unit, where you will change into a hospital gown. A nurse will review your chart and confirm that all paperwork is in order. You will be taken to a pre-operative nursing unit, where an anesthesiologist will start an IV. Before any medications are administered, your surgeon will verify your name and the type of procedure you are having. You will then be taken to the operating room. After the appropriate form of anesthesia is administered, surgery will be performed.
WHAT HAPPENS DURING SURGERY, HOW IS THE SURGERY PERFORMED?
A three to five-inch incision is made perpendicular to the length of the neck. The thyroid gland and blood vessels are then exposed. Blood supply to the thyroid gland is clamped off. Then, part of or the entire gland is removed. A drain made of plastic tubing may be placed in the operated site before the incision is closed.

WHAT HAPPENS AFTER THE PROCEDURE?
Once the surgery is complete, a nurse will monitor your recovery in a post-operative or recovery unit. You will be educated on how to change your dressings and properly care for your incision. You should inspect the incision daily and report any redness or other signs of infection to your physician. If the entire gland is removed, you will be required to take thyroid supplements for life.

HOW LONG WILL I BE IN THE HOSPITAL?
Patients often remain in the hospital one to four days after the operation.

WHAT ARE THE RISKS ASSOCIATED WITH THE PROCEDURE?
As with any surgery, there are risks such as bleeding, infection, or an adverse reaction to anesthesia. Rare but possible risks include inadequate thyroid function, damage to the parathyroid glands, airway obstruction, paralysis of the vocal cords, and inadequate calcium in the blood. Your doctor will inform you of the risks prior to surgery.

WHAT SHOULD I WATCH OUT FOR?
Be sure to call your doctor if any of the following symptoms appear:

- Symptoms of hypoparathyroidism, which include tingling and spasms of the extremities
- Fever
- Redness or swelling around the incision
- Warm incision
- Drainage from the incision

WILL THERE BE SCAR(S)?
The area of incision normally heals very well. There will be a light scar where the incision is made.

WHEN CAN I RETURN TO WORK AND RESUME NORMAL ACTIVITIES?
Most patients are able to resume normal activities after a few weeks of rest.