

## Postoperative Instructions (Total Thyroidectomy)

Below are general instructions and information for patients who have had total thyroidectomy.

### Monitoring Your Progress

You should feel improvement every day after surgery. If you have any concern regarding your progress, contact us or your GP. You should have a follow up appointment approximately 2-4 weeks after your surgery. You will need to ring the office if an appointment has not yet been made.

### Pain

The main complaint following thyroid surgery is discomfort with swallowing and slight dull ache or sharp pain at incision. Panadol and/or Neurofen is generally enough to control this pain. Some people prefer Panadeine, but in general, stronger medications are not necessary.

### Incision Care

You will have stitches on the inside that dissolve on their own. You will have a waterproof dressing so that you can shower or bathe (but do not submerge the incision). **You can remove the dressing after about two weeks.** You may see thickened skin glue which is applied to the wound to assist healing process and it will flake off by itself, usually after 3 to 4 weeks. Do not peel off the skin glue; otherwise you may be at risk of wound infection. If you experience itching once the dressing is off, you may apply lotion to the scar.

### After Surgery Symptoms

It is common to have a variety of symptoms after surgery. Most common symptoms are tiredness, sore throat, numbness of the skin around the wound and neck tightness. You may also feel like you have phlegm in your throat. This is usually because there was a tube in your windpipe while you were asleep that caused irritation that you perceive as phlegm. This should clear up in one to two weeks.

Some of these symptoms can persist for many months, but in most cases it will eventually resolve.

You may also notice with fluctuations in volume and clarity (mild hoarseness) of your voice. Your voice may get weaker with prolonged use. This can last for variable periods of time, but should clear in 4-6 months at most. There is a small (1/100) risk of permanent hoarseness. There is a higher chance your singing voice will be affected.

You may develop small local neck swelling and bruising near incision after surgery. Some patients may develop neck swelling due to seroma (fluid collection inside the wound) which is not associated with skin infection. This can happen after surgery and seroma may take about one to two weeks to slowly resolve leading to reduction in swelling. Some patients may develop skin flap swelling (wound flap edema as patient with a lower neck incision can cause more disruption in the skin lymphatic and venous circulation) and this may take three to four weeks to settle.

**Please present to your GP or hospital if you are concerned with any neck swelling and bruising, wound infection, severe cramping or breathing difficulty so that you can be reviewed by a medical doctor.**

### Scar Formation

Occasionally, patients get tethering of the scar on the inside, resulting in a tight feeling when swallowing or tilting the head back. Scar massage is an effective way to decrease scar tissue build up and help make scars less noticeable by softening and flattening it.

You should start massaging your scar about three weeks after surgery. Use soft tips of your fingers to massage the scar and tissue around the scar. Massage in all three directions (circle, vertical and horizontal). You should apply as much pressure as you can tolerate. You can massage lotion in the scar. Massage should be done two to three times daily for ten minutes each time.

You can use Silicone Strips to reduce scarring – to be worn 12 hours every day for 8 to 12 weeks after surgery.

### Physical Restriction/Driving

In general, your activity level depends on the amount of discomfort you experience. **Most patients return to work in a week or two, and you are able to drive as soon as your head can be turned comfortably without prescription pain pills, usually around ONE WEEK after surgery.**

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### Neck Exercise

Neck exercises after thyroid surgery can increase comfort and your range of motion. Patients can feel tight across the neck area where the scar is forming, and neck exercises can alleviate some of those feelings of discomfort. You need to lift your chin up and down, side to side and down to left side and right side. Repeat all of these exercises 10 times. You can perform them a couple of times per day.

### Hypocalcemia

Temporary drop in calcium level (hypocalcemia) post total thyroidectomy is common. Symptoms of hypocalcaemia include numbness and tingling in your hands and feet and around your lips. Some patients experience a "crawling" sensation in the skin, muscle cramps or headaches. These symptoms appear between 24 and 48 hours after surgery. You may be discharged home on Caltrate and/or Calcitriol and hence need to visit GP to slowly reduce the dosage of the Caltrate and/or Calcitriol.

If you have more hypocalcemia symptoms, you need to take two extra Caltrate tablets (there is no danger in taking it, even if you do not need it.) The symptoms of tingling/numbness should improve within 30-45 minutes of taking the tablets. If they do not disappear, take two more, and repeat as necessary each 30-45 minutes. **If the symptoms do not disappear after 3 doses, report to your GP or hospital emergency room to have your blood calcium checked.**

It is important that you keep a record of your Calcium and or Calcitriol dosage and let us know at your post-surgery follow up.

### Follow up with GP

#### 1) Thyroid Hormone Tablets

You will be prescribed thyroid hormone tablets (thyroxine) following surgery. You should take these on an empty stomach with water in the morning. Milk, food, and other pills interfere with your stomach's ability to absorb the thyroid hormone. **Six weeks after the operation, you will need to follow with your GP to measure your thyroid hormone levels and the thyroxine dosage may be adjusted accordingly.**

#### 2) Caltrate/Calcitriol Tablets

If you have been sent home with these medication, you will need to **follow up with your GP one week (or weekly) after surgery to check your blood test (Parathyroid Hormone (PTH) and Calcium levels)**. Your GP may instruct you to stop /continue /change the dosage of these medications depending on your blood test result according to the protocol below:

**\*\*\* IF YOU HAVE BEEN DISCHARGED ON CALCIUM AND/OR CALCITRIOL: Please give this page to your GP ONE WEEK after discharge**

### Dear Doctor,

Many thanks for overseeing this patient care. Your patient has been discharged on calcium supplements following their recent thyroidectomy. They have been asked to see you on a weekly basis to have their serum PTH and calcium levels checked, and their medication reduced according to the protocol:

**\*\*Please note that serum Calcium will be normal on replacement, only wean when PTH has normalised.**

#### If your patient is on Caltrate only:

**Discharge dosage: Caltrate 2 tab BD**

If Calcium and PTH normal after 2 weeks:

Caltrate 1 tab BD

If Calcium is normal the next week: Caltrate 1 tab OD

If Calcium is normal the next week: Cease Caltrate

#### If your patient is on Caltrate + Calcitriol:

**Discharge dosage: Caltrate 2 tab BD + Calcitriol 2 tab BD**

If Calcium and PTH normal after 2 weeks:

Caltrate 2 tab BD + Calcitriol 1 tab OD

If Calcium is normal the next week: Caltrate 2 tab BD

If Calcium is normal the next week: Caltrate 1 tab OD

If Calcium is normal the next week: Cease Caltrate

If you have any query or concern, please do not hesitate to contact Dr Sze Ling Wong