

EAR, NOSE AND THROAT ASSOCIATES OF CHESTER COUNTY

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THYROIDECTOMY

A thyroidectomy is an operation to remove all or a portion of the thyroid gland. Generally it is performed in a hospital setting under a general anesthetic. The operative procedure consists of removing the lobe of the gland containing the lump and usually the small island that connects the two lobes. A frozen section is frequently performed; this is a microscopic reading to determine whether or not the lump is malignant. Based upon the results of this study, the surgeon will then determine whether or not the remainder of the thyroid gland should be removed.

There are circumstances in which the operative procedure as planned is to remove the entire gland. This includes patients in whom it is known preoperatively that the lesion is malignant as well as patients who have extremely large glands that are causing symptoms by their size and expansion. Your surgeon will discuss the various options with you prior to the surgery.

For one (1) week prior to surgery, you should not take any aspirin or aspirin containing drugs, nor any ibuprofen or ibuprofen containing drugs. Examples of these include Advil (Motrin), Naprosyn (Naproxen), or Fiorinal. Also, supplements which should be avoided include Vitamin E capsules, omega 3 (fish oil), or glucosamine chondroitin. If you are required to be on any of these medications, discuss this matter directly with your ENTACC provider before stopping. If you are on Coumadin (Warfarin), Aspirin, or Plavix, please discuss with the prescribing physician about how to adjust this medication prior to your surgical procedure.

Postoperatively you will have a drain in the wound site. This prevents fluid from accumulating and is generally removed the following day. Most patients are discharged from the hospital one day postoperatively, at which time they utilize the postoperative instructions and prescriptions which were provided preoperatively. Generally most patients are able to resume normal activities and return to work or school within one to two weeks.

Complications of thyroid surgery are rare and include bleeding, the collection of blood or serum fluid under the skin, a hoarseness or weakness of voice and infection. All patients who have this surgery experience some numbness of the region of the skin around the incision. A decrease in serum calcium may occur following removal of the entire thyroid gland. In extremely rare cases there might be a compromise to the airway.

Patients who have their entire thyroid removed and occasionally patients who have a portion of their thyroid removed are generally required to take thyroid medication to replace the thyroid hormone after surgery. Some patients may also need to take calcium with Vitamin D in order to supplement the function of the parathyroid glands, which may have been compromised. Your surgeon will monitor your thyroid and parathyroid function as is necessary and prescribe thyroid medication or supplemental potassium with Vitamin D if needed.