

**Disclaimer:** This leaflet provides general information and should not be used as a substitute for professional medical advice. It is essential to consult with a qualified healthcare professional for any health concerns or before making any decisions related to your health or treatment.

### What is a Thyroidectomy?

A thyroidectomy is a surgical procedure to remove all or part of your thyroid gland. The thyroid, a butterfly-shaped gland located at the base of your neck, produces hormones that regulate your metabolism, growth, and development. There are different types of thyroidectomy:

- **Total Thyroidectomy:** Removes the entire thyroid gland. This is the most common type.
- **Partial Thyroidectomy (Lobectomy or Hemithyroidectomy):** Removes only one lobe (half) of the thyroid.
- **Subtotal Thyroidectomy:** Removes almost all of the thyroid gland, leaving a small portion behind.
- **Isthmusectomy:** Removes the isthmus, the narrow band of tissue connecting the two lobes of the thyroid. This is less common.

### Why Might I Need a Thyroidectomy?

Your doctor may recommend a thyroidectomy for various reasons, including:

- **Thyroid Cancer:** The primary reason for a total thyroidectomy. Removing the entire gland helps prevent the cancer from spreading.
- **Hyperthyroidism (Overactive Thyroid):** When medications or radioactive iodine treatment haven't been successful, surgery offers a definitive solution.
- **Goitre:** A significantly enlarged thyroid gland, even if not cancerous, can cause difficulty breathing or swallowing, necessitating removal.
- **Thyroid Nodules:** While most nodules are benign, some may be suspicious for cancer or cause symptoms requiring surgical removal.
- **Thyroid Cysts:** Large or recurrent cysts that don't respond to other treatments can be surgically removed.

### Preparing for Surgery

Before your thyroidectomy, you'll have a pre-operative assessment. This includes:

- **Medical History Review:** Discuss your medical history, medications, and any allergies with your doctor.
- **Physical Examination:** A thorough physical exam, including checking your neck and voice.
- **Blood Tests:** To assess thyroid hormone levels, calcium levels, and overall health.
- **Imaging Tests (Ultrasound, CT Scan, MRI):** May be needed to better visualize the thyroid and surrounding structures.
- **Laryngoscopy:** To examine your vocal cords before surgery.

### What Happens During Surgery?

A thyroidectomy is performed under general anaesthetic, so you'll be asleep during the procedure. The surgeon makes an incision (cut) in the lower part of your neck, usually in a skin crease to minimize scarring. They carefully remove all or part of the thyroid gland, taking care to avoid damaging the nerves that control your voice and the parathyroid glands that regulate calcium levels. The incision is then closed with stitches, clips, or surgical glue. A small drain may be placed temporarily to remove excess fluid.

### Recovery After Surgery

After surgery, you'll be monitored in a recovery area until you're awake. You can expect some:

- **Sore Throat:** This is normal and can be managed with pain medication.
- **Neck Pain and Stiffness:** Gentle range-of-motion exercises can help.
- **Hoarseness or Voice Changes:** Usually temporary, but rarely can be permanent due to nerve irritation or damage.
- **Difficulty Swallowing:** Usually improves within a few days.
- **Scar:** The scar usually fades over time but no scarring completely disappears.

You'll likely stay in the hospital for one or two days. Before you go home, you'll receive instructions on wound care, pain management, and any necessary medications, such as thyroid hormone replacement for total thyroidectomies.

### Potential Risks and Complications

While thyroidectomy is generally safe, there are potential risks, including:

- **Bleeding:** Though uncommon, excessive bleeding may require further surgery.
- **Infection:** Treated with antibiotics.
- **Hypoparathyroidism (Low Calcium):** Can occur if the parathyroid glands are accidentally damaged or removed. This can cause tingling in your hands, feet, and around your mouth. Calcium and vitamin D supplements are usually required.
- **Vocal Cord Paralysis or Paresis:** Rarely, the nerves that control your vocal cords can be injured, causing hoarseness, voice weakness, or breathing difficulties.
- **Hypothyroidism (Underactive Thyroid):** After total thyroidectomy, lifelong thyroid hormone replacement is necessary. After partial thyroidectomy, hypothyroidism may develop and require medication.
- **Keloid Scarring:** An overgrowth of scar tissue that's more common in people with darker skin.

### Long-Term Outlook

Most people recover fully from thyroidectomy with no long-term complications. Regular follow-up appointments with your doctor are important to monitor your thyroid hormone levels and calcium levels, and address any concerns. If you had thyroid cancer, ongoing monitoring is crucial to ensure no recurrence.

### Living with a Thyroidectomy

- **Thyroid Hormone Replacement:** After a total thyroidectomy, you'll need to take levothyroxine, a synthetic thyroid hormone, for the rest of your life. Regular blood tests will help your doctor adjust the dosage to maintain optimal hormone levels.
- **Calcium and Vitamin D:** If you develop hypoparathyroidism, you'll need to take calcium and vitamin D supplements. Regular blood tests are needed to monitor your calcium levels.
- **Voice Care:** Following your doctor's instructions on voice rest and avoiding straining your voice is important for healing.
- **Healthy Lifestyle:** Eating a balanced diet, getting regular exercise, and managing stress are crucial for overall health and well-being after thyroidectomy.

### When to Seek Medical Attention

Contact your doctor immediately if you experience any of the following after thyroidectomy:

- Signs of infection (fever, redness, swelling, or drainage from the incision)
- Severe pain or discomfort
- Difficulty breathing or swallowing
- Tingling in your hands, feet, or around your mouth
- Rapid or irregular heartbeat
- Muscle cramps or weakness

**This leaflet provides general information about thyroidectomy. It's essential to discuss your individual circumstances and specific concerns with your surgeon. They can provide tailored advice and answer any questions you may have.**