

DECATUR MEMORIAL HOSPITAL

DMH

# THYROID

SURGICAL INSTITUTE



## **THYROIDECTOMY/PARATHYROIDECTOMY**

You are scheduled for surgery to remove part or all of your thyroid gland (thyroidectomy) or to remove a parathyroid tumor (parathyroidectomy). Most often, thyroid and parathyroid surgery is done as a same day surgery using general anesthesia with discharge several hours after recovery. In certain cases, your surgeon may feel it is best to stay overnight in the hospital.

### **Outpatient Care Center**

It is very important that you contact the DMH Outpatient Care Center at 217-876-5700 to schedule an appointment for pre-admission screening and testing.

### **Pre-Operative Instructions**

- No solid food after midnight, but you may have clear liquids (no cream, milk, or pop) until six hours before surgery. Do not drink alcohol after 12 noon the day before surgery.
- Check with your physician before taking scheduled medications.
- STOP aspirin, Plavix, Coumadin (Warfarin) AT LEAST seven days before surgery.
- Leave valuables at home. Remove all jewelry, body piercings, contacts, etc. Arrive as instructed by your physician's office staff and plan to spend the day at the hospital. Bring only one family member or friend with you who can drive you home OR stay with you the night of surgery. And remember, you will NOT be allowed to drive yourself home.

## **Day of Surgery**

When you arrive at DMH, go to Registration. You will be escorted to Same Day Surgery. One care partner will be allowed to stay with you. In the preoperative area, you will change into a patient gown and will be asked to remove jewelry, dentures and glasses. Your belongings will be secured in a locker and brought to you after surgery. Preoperative nurses will complete the admission process, take care of any physician orders and start an IV.

The anesthesiologist will review your medical and surgical history, discuss the type of anesthesia planned and answer any questions. You may be given a sedative through your IV as well as other medications ordered by your physician. This is a sterile procedure which means antibiotics are usually not necessary—even for patients with heart valve problems, artificial valves, mitral valve prolapse or artificial joint replacements.

When your surgeon is ready, a nurse will take you to surgery on a hospital bed; your care partner will be directed to the Surgery Family Waiting Room.

## **The Surgical Procedure**

Most often, thyroid and parathyroid surgery are minimally invasive procedures. In most cases, the operation takes less than one hour. The incision is one and a half to three inches in the lower neck region. The incision is closed using under the surface sutures, so no external stitches can be seen. A small drain with a bulb reservoir is in place for one to three days.

## **After Surgery**

When your procedure is complete, you will be taken to the Post Anesthesia Care Unit (Recovery Room) for one to two hours.

Then you will be taken back to Same Day Surgery where your care partner will join you. The nursing staff will keep you comfortable and provide you with nourishment.

Sutured near your incision will be a drain. The drain is a suction bulb device that serves as a reservoir to collect fluid accumulating beneath the surface of the wound. The drain will be removed in the physician's office within 24—72 hours.

If you are not required to spend the night, you will be given written discharge instructions and escorted to your car. The next day, a Same Day Surgery nurse will call you at home to talk with you and answer any questions.

## **Discharge Instructions**

- Some anesthetics and pain medication may cause nausea and/or vomiting in certain individuals. Eating before taking pain medication may help. You may experience light-headedness and/or dizziness and you may feel sleepy following your surgery. Unless instructed otherwise by your physician, rest at home with moderate activity as tolerated.
- If you should experience excessive bleeding, difficulty breathing, unusual pain, persistent nausea and/or vomiting, please call your physician. If you are unable to contact your physician, and feel your signs and symptoms warrant attention, go to the nearest emergency room.

- Call for a follow-up appointment to be seen within one to three days of discharge.
- Always wash your hands with soap and water before and after any contact with your surgical site.
- J.P. drain to self-suction (emptied and recompressed as shown prior to discharge).
- Cleanse incision area with hydrogen peroxide followed by Bacitracin ointment.
- You may bathe or shower.

### **Recovering at home**

You can usually begin to eat and drink normally the morning after the procedure. You will be given oral medication for pain the first few days, but discomfort is usually minimal. A sore throat and hoarseness are common and may last for a week or so.

Within three days, you'll visit your surgeon to have your incision checked and drain removed. At first, your incision will be slightly red and raised; it will probably flatten out and fade in a few months. Following thyroid surgery, most patients are given prescriptions for thyroid hormone replacement (Synthroid, Levoxyol or a generic) and calcium supplement (Oscal, Citracal), with or without Vitamin D (Calcitriol) in selected patients.

**Please note:** Calcium supplements should **not** be taken at the same time as thyroid hormones. Thyroid replacement medication should be taken first thing in the morning 30 minutes prior to taking other medicines.

## **Call your doctor if you notice any of these signs:**

- Swelling at the incision site
- Bleeding at the incision site
- Warmth, fever, or tenderness (signs of infection) at incision site
- Major voice change that lasts longer than three to four days
- Tingling or cramps in the hands, feet, or especially around the lips (signs of a problem with the parathyroid glands)

## **Drain Instructions**

The night before a scheduled office appointment, empty the drain as follows:

- Wash your hands.
- Remove plug from bulb.
- Pour drainage into a specimen cup.
- Tightly compress bulb and reinsert plug.
- Measure and record amount of drainage. **Note:** If more than one teaspoon of drainage is noted in the drain the morning of the appointment, call the office for further instructions.
- Discard drainage.

## **Physician Office Follow-Up**

- Your drain will probably be removed (a painless procedure).
- Nurses will give you medication usage instructions and physician follow-up.
- Thyroid, calcium, and blood testing to follow.

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*This booklet written and produced by members of the DMH Surgical Services Team.*