

## Thyroid Gland or Parathyroid Gland Surgery

### Valley Regional Hospital

**My surgery:**

- Hemithyroidectomy
- Total thyroidectomy
- Parathyroidectomy
- Completion hemithyroidectomy

**My surgery is on:**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

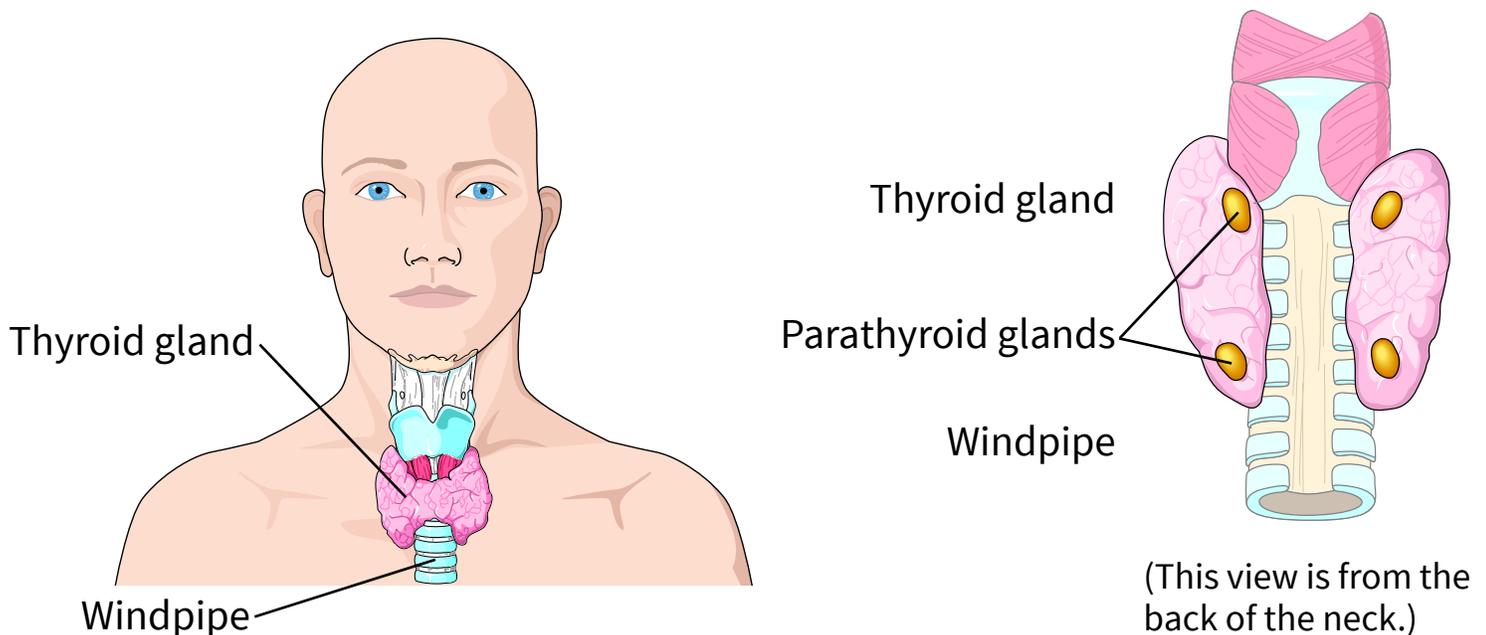
# Thyroid Gland or Parathyroid Gland Surgery

## What are the thyroid gland and parathyroid glands?

- The thyroid gland is just below your larynx (voice box) at the base of your throat. This butterfly-shaped gland has 2 lobes (sides). One (1) lobe lies on each side of your trachea (windpipe).
- The thyroid gland makes a hormone that controls the activity of many cells in your body. It can cause problems if it is too active or not active enough.
- Near each lobe of the thyroid gland are 2 parathyroid glands. These glands help balance the level of calcium in your body. Calcium is important for muscle tone and nerve impulses.

## What is my surgery called?

- Hemithyroidectomy:** This is the removal of half of the thyroid gland.
- Total thyroidectomy:** This is the removal of the whole thyroid gland.
- Parathyroidectomy:** This is the removal of some or all of the parathyroid glands.
- Completion hemithyroidectomy:** Your surgeon will talk with you about why you need this surgery.



## Getting ready for surgery

- You may need tests before your surgery. This will depend on your general health and the type of surgery you are having. Staff will contact you to arrange for testing before surgery, if needed.
- **Plan to have a responsible adult drive you home and stay with you the first 48 hours (2 days) after your surgery.** This is for your safety.
- If you take medication, please talk with your surgeon before your surgery. They will tell you which medications to take before your surgery with a sip of water, and which ones to stop taking.
- Stock up on fluids like water, juice, Gatorade® or Powerade®, milkshakes, and soups.
- Have acetaminophen (Tylenol®) on hand.

## Medications

### For 14 days (2 weeks) before your surgery:

- **Do not** take any natural or herbal medications or products. These may cause more bleeding.



### For 10 days before your surgery:

- **Do not** take ASA (acetylsalicylic acid, Aspirin®).

### For 7 days (1 week) before your surgery:

- **Do not** take ibuprofen (Advil®, Motrin®).

It is OK to take acetaminophen (Tylenol®).

## The night before your surgery

- **Do not** eat or drink anything after midnight the night before surgery.



## **The morning of your surgery**

- You may take your medications as told by your surgeon with sips of water.
- You may brush your teeth.
- Follow any directions you were given at the Pre-Admissions Clinic (if you had an appointment there).
- Take off all make-up and jewelry before coming to the hospital.
- If you have long hair, pull it back with an elastic.
- We recommend that your face is clean shaven.
- Nova Scotia Health is smoke-free and scent-free. Please respect this policy.  
**Do not** use scented products (like perfume, after shave, scented hair spray).

## **Tell your surgeon if you:**

- › Become sick (have diarrhea [loose, watery poop], vomiting [throwing up], nausea [upset stomach]) before your surgery
  - › Have a cough, cold, or fever (temperature above 38 °C or 100.4 °F)
- Give yourself plenty of time to find parking.

## **Bring with you on the day of your surgery:**

- Provincial health (MSI) card
- Private medical insurance card (if you have one)
- All of your medications (including prescription and over-the-counter products, inhalers, creams, eye drops, patches, herbal products, vitamins, and supplements) in their original containers
- CPAP machine (if you use one)
- A container or bag for the ride home in case you vomit

## My appointment

- Your surgery may be cancelled if you are late.
- If you are not able to keep your appointment, call the booking office as soon as possible:
  - › Phone: 902-679-2657, extension 2401
- Arrive 2 hours before your scheduled surgery time or at the time your surgeon's office told you.
  - › If your surgery is scheduled for 8 a.m., please arrive by 6:15 a.m.
- **Go through the main entrance and register at Central Registration.**
- Delays in the O.R. may cause a change in your surgery time. There is a chance that your surgery may be cancelled if there is an emergency. If this happens, your surgeon's office will call you to arrange a new date.

## After surgery

- You may stay in the hospital for 1 night after your surgery. You will be discharged the same day or the next morning. **Please plan to have a responsible adult drive you home.**

## Incision (cut)

- You will have an incision on the front of your neck.
- You may have a small drain (tube) in your incision. This is to remove any blood or fluid. It will be taken out 1 or 2 days after your surgery.
- Your incision may have been closed with stitches that absorb (go away on their own). These **do not** need to be removed.
- If you have stitches that do not absorb, they will need to be removed at your follow-up appointment with your surgeon. This is usually in 7 days (1 week).
- You may also have Steri-Strips™ (strong pieces of tape) over your incision. These will peel off on their own after 3 to 7 days (or can be peeled off after 3 days).

## Controlling discomfort and pain

- You may have side effects from the general anesthetic (medication used to put you to sleep for surgery). These may include:
  - › Nausea
  - › Sore throat (from the breathing tube used during surgery)
  - › Feeling like you are in a dream
- There are medications that can help with some of these side effects. Ask your nurse about these medications, if needed.
- Some of the muscles in your neck may be sore. When you get up, put your hands together behind your neck for support. This will protect your neck muscles from strain.
- You can take extra strength acetaminophen (Tylenol® Extra Strength) for pain, as needed. Your surgeon may prescribe a stronger pain medication, if needed.

## Meals

- Eating healthy foods will help your incision to heal.
- You may want to eat foods that are easier to swallow if your throat is sore.

## Activity

- You can get out of bed shortly after your surgery. Ring for the nurse to help you get up the first time.
- Gentle deep breathing and coughing helps to prevent infection.
  - › Take a deep breath in through your nose and hold it for 2 seconds.
  - › Breathe out through your mouth and cough.
- Walk as much as you can.
- Add to your activity every day.
  - › For example, add 5 minutes of walking each day.
- Go back to driving when you can turn your head easily. This is usually in about 21 days (3 weeks).
- **Do not** lift more than 5 pounds for 3 weeks. This includes children.
- **Do not** have sex for 7 days (1 week) after your surgery or until you feel well enough.

## Breathing and your voice

- You may have a hoarse or weak voice from several weeks up to 12 months (1 year) after surgery. Your surgeon will do a scope to check your vocal cord movement at your 1<sup>st</sup> and 2<sup>nd</sup> follow-up appointments.

### When should I call my surgeon?

**Call your surgeon's office right away if you have:**

- › Wheezing or shortness of breath (called "air hunger")
- › Muscle cramps or spasms
- › Tingling in your fingers or around your mouth
- › This may be a sign of very low calcium. **This is serious.**
- › Fever (temperature above 38 °C or 100.4 °F)
- › Drainage from your incision
- › Pain that was getting better that starts getting worse
- › Sudden swelling in your neck that gets worse

**If you cannot reach your surgeon, go to the nearest Emergency Department right away.**

## Will I need blood work after my surgery?

- Your doctor may want to check your blood calcium level after your surgery. This may need to be checked more than once (if you had a total thyroid or parathyroid surgery).
- If your calcium level is too low, you may be given:
  - › A calcium injection into your vein using a needle
  - › Calcium pills
- Your doctor may check your thyroid hormone levels.

## How do I care for my incision?

- We will show you how to care for your incision before you leave the hospital.
- You will need:
  - › Hydrogen peroxide
  - › Cotton swabs
  - › Antibiotic ointment (bacitracin or Polysporin® is best)
  - › Vaseline® or CytoDerma® (you can buy this at your surgeon's office)

- **If you have Steri-Strips™:**
  - › The edges of the Steri-Strips™ will start to curl up after about 5 to 7 days.
  - › After 7 days, you can take them off by pulling from the edge like a bandage.
  - › Start cleaning your incision after you take off the Steri-Strips™.
- **To clean your incision:**
  - › Wet a cotton swab with hydrogen peroxide.
  - › Roll the cotton swab over the incision to remove any crusting.
  - › Clean your incision 2 times a day. This can help it heal and lower scarring.
  - › Put on antibiotic ointment after each cleaning. Use antibiotic ointment for **up to 7 days**. Then use Vaseline® or CytoDerma®. Using Polysporin® for too long can cause problems with wound healing.
- **After your surgery, do not get your incision wet for 48 hours (2 days).** After 48 hours, you may get the area wet when showering or bathing. Pat the incision dry. **Do not rub.**
- After your follow-up visit, wash the area 2 times a day with warm water and soap twice a day.
  - › Put on Vaseline® or CytoDerma® after each wash.
- It is common to have swelling around the incision. This can last for several weeks after surgery. This should get better in about 7 to 14 days (1 to 2 weeks). Some fullness around the wound may last several months.
- The incision usually looks the worst between 2 to 6 weeks after surgery. The swelling and redness will get better over time. It will take about 12 months for the incision to heal fully.
- Keep the incision out of direct sunlight for 1 year by:
  - › Covering the area with clothes
  - or**
  - › Using a sunscreen with an SPF of 30 or higher

## **What medications will I need after my surgery?**

- You may be prescribed an antibiotic. Use as directed.
- You may be given a prescription for pain medication. Use as directed.
- You may need to take calcium and vitamin D pills.

### **If you had half of your thyroid gland removed:**

- You will likely **not** need thyroid hormone replacement medication. Talk with your primary health care provider (family doctor or nurse practitioner) about this about 6 weeks after your surgery.

### **If you had your whole thyroid gland removed:**

- You will get thyroid hormone replacement medication. This is usually a pill called levothyroxine sodium (Synthroid®). It will take around 6 weeks to stabilize your hormone levels.
- Your primary health care provider will decide what dose (amount) is right for you based on your weight.
- About 6 weeks after your surgery, your primary health care provider will ask you to have blood work done to check how your thyroid is working.
  - › They will change your dose of Synthroid® based on the results, if needed.

### **Will I need to take a calcium supplement after my surgery?**

- If you had your whole thyroid gland and/or your parathyroid glands removed, you may need to take calcium pills after your surgery.
- You may also need a medication called calcitriol (Rocaltrol®). This is a form of vitamin D that will help increase your calcium level. If you need this medication, we will make sure you are taking the right dose before you leave the hospital.
- You may need to have your calcium level checked every day right after your surgery. This is to make sure that you are getting the right amount of calcium and/or calcitriol.
  - › Your doctor will adjust the doses of these medications based on your results, if needed.
- Calcium levels usually go back to normal a few weeks or months after surgery.
- **It is important to take the calcium and/or calcitriol dose as told by your doctor.** Your calcium levels can drop quickly if you do not take these regularly.

**Go to the nearest Emergency Department (ED) right away if you have any of these symptoms of low calcium:**

- › Tingling or numbness in your hands and/or feet
- › Numbness around your mouth
- › Muscle spasms
- › After the first 3 days, more pain, neck swelling, or bleeding that soaks through your dressing or does not stop when you put light pressure
- › Trouble breathing even if you have no neck swelling
- **Ask the ED staff to check your ionized calcium level before giving you any calcium medication.**
  - › If your calcium level is low, you may be given calcium orally (by mouth) or using your I.V.
  - › If low calcium is not treated, it can lead to problems with your heart rhythm.

## **Follow-up**

- You will be given an appointment to see your surgeon in 7 to 10 days. Keep all of your follow-up appointments.
- **It is important to see your primary health care provider regularly to check your hormone levels.** You will also need regular blood work.
- At the 1<sup>st</sup> or 2<sup>nd</sup> visit, your surgeon may do a nasal (nose) scope to look at your voice box to make sure your vocal cords are working. This may be done earlier if you have voice or breathing concerns.

## **Pathology**

- A pathologist (a doctor with special training) will examine the sample of your gland(s) under a microscope after preparing the tissue.
- It may take 4 to 6 weeks after your surgery before the results are ready. Your doctor will share the results with you and your support person(s) as soon as possible.
- If you need more treatment, your doctor will talk with you about it at this time.

**If you have any problems or questions:**

- › Phone: 902-678-4233

**If it is an emergency and you cannot reach your surgeon or your primary health care provider, go to the nearest Emergency Department right away.**



This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:  
[www.nshealth.ca/patient-education-resources](http://www.nshealth.ca/patient-education-resources)

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

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