

Thyroid Gland and Parathyroid Gland Surgery

Notes:

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.

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

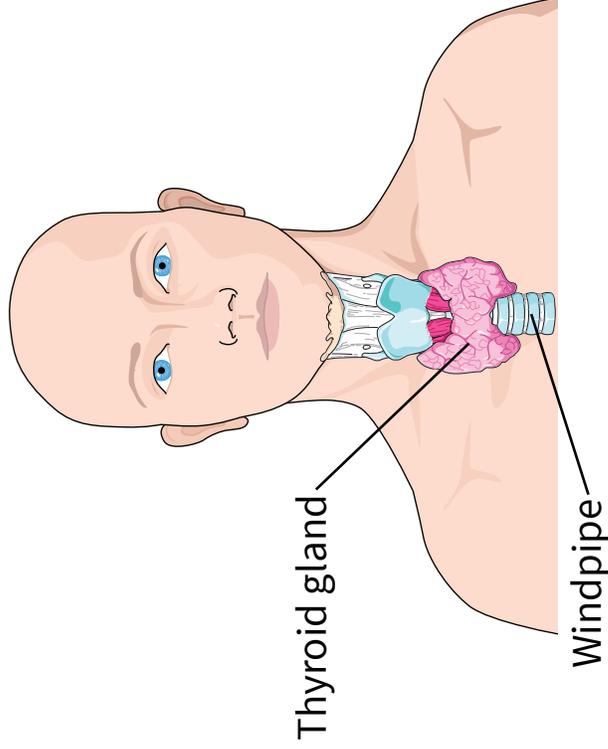
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Thyroid Gland and Parathyroid Gland Surgery

What are the thyroid and parathyroid glands?

- The thyroid gland is just below your voice box at the base of your throat. This butterfly-shaped gland has 2 lobes (sides). The lobes lie on each side of your 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.



Biopsy

- A doctor with special training will do a biopsy on the gland(s) that was removed. This means that they will study a sample of the tissue under a microscope in the lab.
- It may take 3 to 4 weeks after your surgery before the results are ready. This waiting period is not easy. Your doctor will share the results with you and your support persons as soon as possible.
- If you need more treatment, your doctor will talk with you about it at this time.

Call your surgeon or primary health care provider if you have:

- > Muscle cramps or spasms
- > Fever (temperature above 38 °C or 100.4 °F)
- > Drainage from your incision

If you cannot reach your surgeon or your primary health care provider, go to the nearest Emergency Department right away.

Go to the nearest Emergency Department (E.D.) right away if you have any of the following symptoms of low calcium:

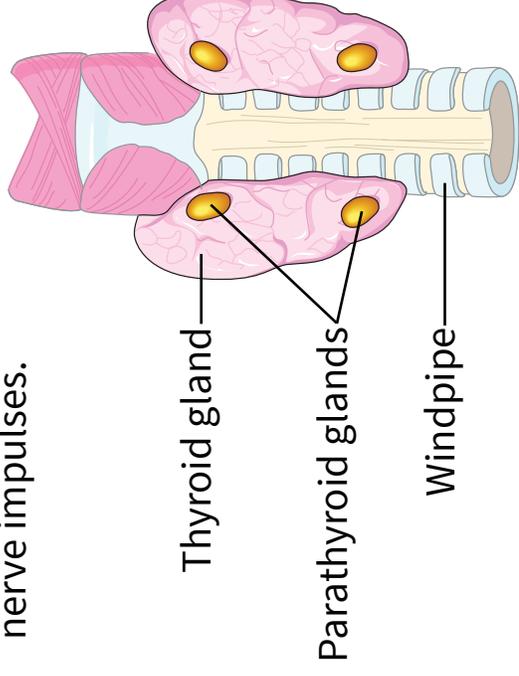
- › Tingling or numbness in your hands and/or feet
- › Numbness around your mouth
- **Ask the E.D. staff to check your ionized calcium level before giving you any calcium medication.**
- E.D. staff should call the ENT resident on call if your calcium level is low.

Note: If your surgery was done by General Surgery, E.D. staff should call the General Surgery resident on call.

Follow-up

- Keep your follow-up appointment with your surgeon.
- It is important to visit your primary health care provider regularly to check your hormone levels. You will also need regular blood tests.

- Near each lobe of the thyroid gland is a small pair of parathyroid glands. These glands help balance the level of calcium in your body. Calcium is important for muscle tone and nerve impulses.



(This view is from the back of the neck.)

What is my surgery called?

- Hemi thyroidectomy:** 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.

After surgery

Controlling discomfort and pain

- You may have side effects from the anesthesia (medication used to put you to sleep before surgery). These may include:
 - › Nausea (feeling sick to your stomach)
 - › Sore throat
 - › 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 very small muscles in your neck may have been cut. When you are getting up, place your hands together behind your neck for support. This will protect your neck muscles from strain.
- Your muscles may be tense and you may not be able to move your shoulders as usual. This will cause more soreness. Your nurse or physiotherapist may give you exercises to try to prevent stiffness.

If you had your whole thyroid gland removed:

- You will be sent home with thyroid replacement medication. This is usually a pill called levothyroxine sodium (Synthroid®).
- About 6 weeks after your surgery, your primary health care provider will ask you to have blood work to check how the medication is working.
 - › They will change your dose (amount) of Synthroid® based on the results, if needed.
- 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 and will help increase your calcium.
- You may need to have your calcium level checked regularly 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 amount of calcium and/or calcitriol as told by your doctor.** Your calcium levels can drop quickly if you do not take these pills regularly.

- 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 3 to 6 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?

If you had half (1/2) of your thyroid gland removed:

- You may be sent home with pain pills.
- You will likely **not** need thyroid replacement medication. Talk with your primary health care provider about 6 weeks after your surgery about this.

Meals

- Eating healthy foods will help your incision (cut) to heal.
- You may want to eat foods that are easier to swallow if your throat is sore.
- Follow any special eating plan that your dietitian gives you.

Activity

- You can get up and out of bed shortly after your surgery.
- Gentle deep breathing and coughing will help prevent infection in your lungs. To do this:
 - › Take a deep breath in through your nose and hold for a couple of 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.
- **Do not** lift more than 5 pounds for 14 days (2 weeks). This includes children.
- **Do not** have sex for 7 days after your surgery or until you feel well enough.

When should I ring my call bell for my nurse?

Call your nurse if you have:

- › Trouble breathing
- › Muscle cramps or spasms
- › Tingling in your fingers or around your mouth

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.
- You may be given a calcium injection into your vein using a needle, or a calcium pill if your calcium level is too low.

How do I care for my incision?

- You may have a small drain (tube) in your incision. The drain will remove any blood or fluid. It will be taken out a few 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 your stitches are not the kind that absorb, they will need to be removed at your follow-up appointment or by your primary health care provider (family doctor or nurse practitioner).
- You may also have tape over your stitches called Steri-Strips™ (see below).
- **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.**

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 the Steri-Strips™ off by pulling from the edges.
- After you take off the Steri-Strips™, wash the area 2 times a day.
 - › After each wash, put Vaseline® ointment on the incision until your follow-up visit with your doctor.
- It is common to have swelling around the incision. This can last for several weeks after surgery. This should get better about 1 to 2 weeks after surgery.