

# Thyroid or Parathyroid Surgery

It is normal to have questions about your surgery. This handout gives you information about what will happen to you before, during and after your surgery. If you still have questions, ask your nurse or doctor for more information.

## General Information about Surgery

- **Before Your Surgery**

Before your surgery, a nurse will ask you questions about your health and your surgery.

These questions may be asked during preadmission testing, in your hospital room or in the Ambulatory Surgery Unit (ASU).



- **Day of Your Surgery**

On the day of your surgery, a nurse will talk with you either in the Ambulatory Surgery Unit or in your hospital room. Your vital signs (blood pressure, pulse, temperature and breathing rate) will be taken at this time. Blood tests will be done, if needed. The nurse may put a needle into your vein (IV or intravenous) to give you fluid. Dentures or partial plates, contact lenses, eyeglasses, hearing aids and any other prosthesis must be removed before going to surgery. Nail polish, make-up, jewelry and hair clips also will be removed.

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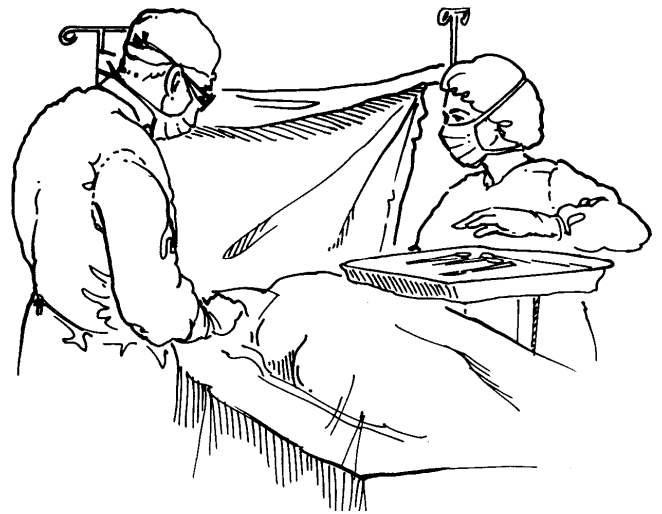
**Learn more about your health care.**

Your family will be allowed to stay with you until you go to the Pre-operative Holding Area. The nurse will answer any questions and tell your family where to wait while you are in surgery.

You will leave the Ambulatory Surgery Unit (ASU) or your hospital room on a cart. It is common to stop in the Pre-Operative Holding Area before going to surgery. While there, your anesthesiologist may talk with you. An IV will be started if you do not already have one. Your hair will be covered with a paper hat, like the operating room staff wears.

- **During Surgery**

Staff in the operating room wear special scrub clothes, caps and masks. You will notice that the room has bright lights and is quite cool. Many pieces of special equipment and tables are set up with supplies and instruments. A scrub nurse or operating room technician gets the instruments and supplies ready for your surgery. The staff will explain what will happen to you before they are done.



A nurse will be there to greet you and check your identification (ID) bracelet. You will be asked about allergies. Then you will be made comfortable on the operating room table. A safety strap will be put over your knees so you stay on the table. You will be covered with an extra blanket if you are cold and your arms may be tucked in at your sides or put on an arm board.

During your surgery your vital signs will be closely checked. Three leads used to monitor your heart will be put on your chest. They will be connected to a monitor that counts your heart rate. As the monitor counts your heart rate it makes a beeping noise.

Your heartbeat also may be seen on a screen. A small clip called a pulse oximeter is placed on your finger to measure your pulse and the amount of oxygen in your blood.

The time it takes for your surgery is estimated. Your surgery may take a longer or shorter time than you and your family were told. If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be told how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk to your family.

- **After Surgery**

After your surgery you will be moved on a cart and taken to the Post Anesthesia Care Unit (PACU). As you come out of anesthesia, a PACU nurse will watch you closely and will take your vital signs frequently. Your pulse and the amount of oxygen in your blood will be checked. If you need oxygen after your anesthesia, you will feel a tube on your face. When you first wake up, you may feel cold and you may shiver. This is normal if you have had general anesthesia. There will be other patients and a lot of activity and noise in the PACU. The nurse will try to wake you up during your time in PACU. If you have pain, ask your nurse to give you pain medicine.

When you are awake and your vital signs are normal, you will be taken to the Ambulatory Surgery Unit (ASU) or to your hospital room. Your vital signs, IV fluids and any drainage tubes and dressings will be checked.

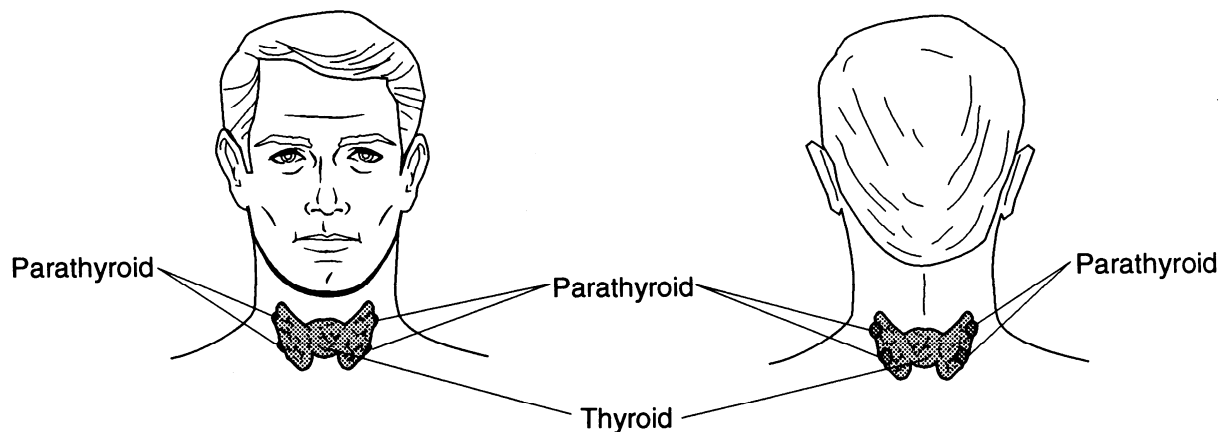
- **Planning for Discharge**

Information on how to care for yourself at home, your medicines and activity level will be explained to you before you leave.

Before you go home, please ask your doctor or nurse any questions you may have about resuming specific activities.

## Information about Your Thyroid or Parathyroid Surgery

- **Thyroidectomy** is the surgical removal of all or part of your thyroid gland. The thyroid gland is in the neck and makes thyroid hormone that controls the way your body uses food.
- **Parathyroidectomy** is a surgery that removes the parathyroid glands. Your four parathyroid glands are above and below, yet attached to the thyroid gland. Your parathyroid hormones (parahormone) control the calcium level in your body. Because these glands are so close together, surgery to one of them may affect the function of the other. Surgery to these glands may be necessary to remove tumors that may be cancer or benign, cysts, nodules and overactive or underactive goiters (enlargement of the thyroid gland).



## Usual Care after Surgery

- **Vital signs and breathing exercises**

The nurses will carefully watch and check you to make sure your recovery is as normal as possible. Your temperature, pulse, breathing and blood pressure (vital signs) will be checked every 4 hours.

You will need to take deep breaths and cough 10 times every hour while you are awake. It is common to use a breathing exerciser to help you cough and deep breathe. The nurses will show you how to use this device and will also remind you to cough and deep breathe. These exercises help reduce the risk of getting pneumonia after surgery. Your nurse will listen to your lungs frequently to make sure your lungs are returning to normal.

## Checking for low calcium levels

Calcium is necessary in your body for healthy bones, healthy teeth, normal clotting of blood and normal functioning of your nerves and muscles. Surgery to the thyroid and parathyroid glands may lower the calcium level in your body.

Your calcium level may be checked in different ways

- While you are in the hospital your blood will be drawn every 6 hours if you have had your entire thyroid or any of your parathyroids removed.
- Your nurse will tap the side of your cheekbone in front of your ears to watch for any twitching by the corner of your mouth and jaw.
- Your nurse will put a blood pressure cuff on your arm, pump it up with air and watch for any hand twitching or bending at the wrist.

Tell the nurse if you have any of these signs of low calcium

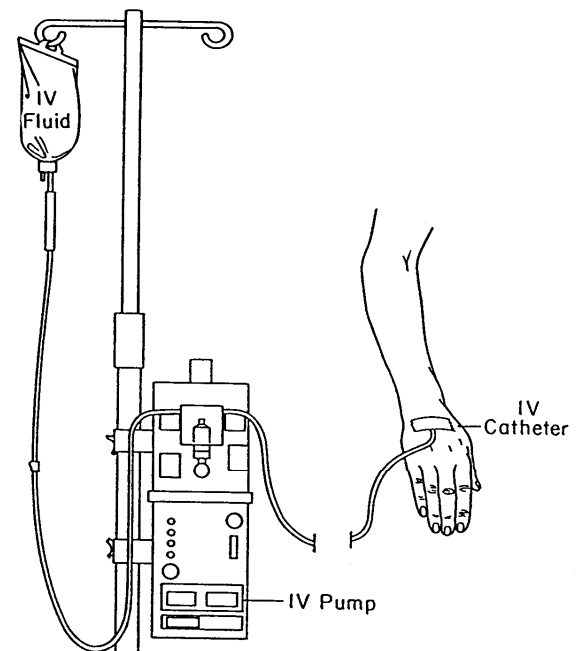
- Twitching
- Numbness or tingling around your mouth or the tips of your fingers
- Stiffness and cramping

If your calcium is low, it can usually be treated by taking a calcium pill. Sometimes vitamin D or Magnesium is also needed.

## Intravenous (IV) Fluids

After surgery, your IV will be used to give you fluids and antibiotics or other medicines if necessary.

The IV is usually capped within 12 hours after your surgery when you can drink and eat without feeling sick to your stomach.



## **Nutrition**

When you return to your room, you may have ice chips. Your nurse will listen to your abdomen to check for bowel sounds. Bowel sounds tell your nurse that your body is ready to try to eat food. When you are awake, you may first have fluids then advance to regular low fat food. If you feel sick to your stomach, begin with ice chips and clear liquids and progress to regular food slowly. Eat small amounts. If the nausea is severe, ask for medicine to control it.

## **Your Incision**

You will have a 3 to 4 inch horizontal (—) incision on the lower part of your neck.

Your incision will be covered with a dressing until the day after surgery. Your doctor will then take off the dressing and leave the area uncovered. Your nurse will check your incision for any unusual bleeding, swelling, signs of infection or other problems.

## **Activities**

As soon as you return to your room you may turn any way that is comfortable.

Lying in one position for longer than 2 to 3 hours may slow your recovery. The nurses will help you change position in bed if you cannot do this by yourself. You also will be helped out of bed to walk the evening after your surgery. It may be more comfortable getting in and out of bed if you support the back of your neck with your hands. You can help yourself recover by independently moving in and out of bed as much as possible.

## **Pain Control**

It is normal to have some pain around the area of surgery. You should be comfortable enough to move, cough, deep breathe, eat, and walk. You may have pain medicine every 3 to 4 hours, if you need it. Your pain medicine may be a pill, a shot, or may be given into your IV. The kind of pain medicine you will get depends on how much pain you are having and how well you can drink fluids. All three kinds of medicine are very effective in reducing your pain.

## Thyroid Hormone Replacement

The thyroid gland makes hormones that are necessary for normal body functions. After a total or complete thyroidectomy, the amount of thyroid hormone in your body decreases to low levels.

You often will need replacement thyroid hormone for the rest of your life. This hormone is in a pill form, taken by mouth once a day.

If you receive thyroid hormone medicine, a nurse or pharmacist will give you more information about this pill and answer any questions you have. If you have any of these signs or symptoms of too little or too much thyroid hormone, call your health care professional.

Signs and symptoms of **too little thyroid hormone** are:

- Aching muscles
- Brittle nails
- Coarse hair
- Constipation
- Dry skin
- Extreme tiredness
- Hearing loss
- Less perspiration
- Loss of appetite
- Puffy eyes
- Slowed heart rate
- Unable to tolerate the cold
- Weight gain

Signs and symptoms of **too much thyroid hormone** are:

- Diarrhea
- Excess sweating
- Eyelid droop
- Fast heart rate
- Hand Tremors
- Increased appetite
- Irregular heartbeat
- Nervousness
- Unable to tolerate heat
- Weight loss

## Feelings about Your Surgery

Surgery can be an emotional and stressful time for you and your family. We hope that you feel comfortable talking about your feelings and concerns. Please ask us any questions that you and your family might have. We will do our best to answer your questions and help you find any resources you may need. The chaplain and social worker can be helpful during this time.

## Home Care

- It is common to feel more tired than normal for the first 1 to 2 weeks after your surgery. Get extra sleep at night and taking a nap during the day to help you feel less tired.
- The only care your incision needs is to be kept dry. While washing yourself you may cover it with a plastic wrap or a dry clean cloth (washcloth). Pat your incision dry, do not scrub. The nurses will show you how to do this before you go home. The paper strips (steri-strips) on your neck will peel off usually in 7 to 10 days. When the ends curl up, you may carefully trim them with scissors.
- Look at your incision every morning and night and call your health professional for any of the following changes:
  - ▶ Skin near the stitches becomes red, swollen and painful
  - ▶ Unusual drainage from your stitches (yellow or green pus-like drainage)
  - ▶ Fever of 101 degrees F
  - ▶ Other changes in your incision
  - ▶ Hoarse voice

✦ **Talk to your doctor or health care team if you have any questions. You may request more written information from the Library for Health Information at (614) 293-3703 or email: [health-info@osu.edu](mailto:health-info@osu.edu).**