Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Day Case Hemithyroidectomy

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Patient Information

Ear, Nose and Throat Services (ENT)

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What is the thyroid?

The thyroid is a gland which makes hormones that are released into the blood stream to help cells and tissues in the body function normally. It is made up of two lobes that lie on either side of your windpipe just below your Adams apple.

The hormones produced by the thyroid are called thyroxine (T4), triiodothyronine (T3) and calcitonin. The hormones regulate the speed at which the cells in your body work. If too much of the hormones are secreted, your body starts to work faster than normal (hyperthyroidism). If too little of the hormones are produced, your body will work slower (hypothyroidism). The body can function well with little or no calcitonin, T4 and T3 can be replaced by medication.

Parathyroid glands

The parathyroids are four glands attached to the thyroid which produce parathyroid hormone (PTH) which regulates the concentration of calcium in the blood.

What is a hemithyroidectomy and why are thyroidectomies performed?

A hemithyroidectomy is the removal of one half or lobe of the thyroid gland. Thyroidectomies can be done for a number of reasons:

- Thyroid cancer
- Toxic thyroid nodule
- Multinodular goitre - especially if there is compression of nearby structures
- Graves' disease
- Thyroid nodule, if fine needle aspirate (FNA) results are unclear

What does the operation involve?

For the operation you will be under general anaesthetic meaning you will be unconscious for the duration of the procedure.

The surgeon will make a cut at the front of your neck just above your collar bone. They will then carefully free your thyroid gland from surrounding structures taking care to not injure your parathyroid glands and nerves. Then they will remove half of your thyroid gland, your skin will then be closed with sutures and clips. The operation will last 1-2 hours.

Risks

As with any operation there are a number of risks which will be discussed with you in more detail. There is a risk of bleeding, infection, or damage to nerves that control your voice box meaning your voice may be weaker or hoarser than usual, this is usually temporary.

Your discharge

You will be observed for 3 hours after you wake up from your operation, during this time you will be allowed to eat and drink as you wish. We will provide you with regular pain killers which you will also take home. We will monitor you for any signs of bleeding around the operation site. If you are feeling well and we are not worried about your condition, you will be able to go home the same day provided that:

- You have an adult with you at all times who has access to a phone and transport
- You must live within a close distance to the hospital
- You must understand the complications that may come about and understand what to do in these situations

Complications

Bleeding: A small amount of bleeding from the wound can be normal however if there is a lot of bleeding or if there is any swelling that develops underneath the wound; it can lead to discomfort or more severely, breathing difficulties. You need to seek urgent medical attention and attend your closest A&E. Please take the skin clip remover with you.

Swallowing difficulties: Usually swallowing will improve especially if you had a large goitre. However, you may notice some mild difficulty in swallowing due to a tight scar. To prevent this from happening, simple neck stretching exercises and massaging the wound can be effective.

Infection: if your wound becomes red, hot, swollen, painful, or there is any smelly discharge from the wound, then see your GP who may start you on antibiotics to treat the infection.

Wound care

Your wound should be kept dry for 48 hours therefore avoid wetting the area. No dressing is needed over the wound. Your skin clips will be removed by district nurses after one week. Once the wound has healed you can massage it gently with a simple moisturiser to soften the scar.

Follow up

We will arrange to see you in the outpatient department with results from the laboratory a few weeks after your operation. You will have blood tests to check your thyroid hormones are sufficient, if not you may need to be started on thyroid replacement medications.

Returning to work and resuming normal activities

Thyroid surgery is a major operation; you should rest for a few days after returning home. You should not drive, return to work, drink alcohol, operate heavy machinery or be responsible for small children during the first 48 hours after the operation as the general anaesthetic can still affect your judgement despite feeling fine.

Normally you should be able to return to work in 1-2 weeks depending on your occupation. It is normal to feel tired for the first few weeks after the operation.

You may drive as soon as you are able to perform an emergency stop safely.

Reference

https://www.baets.org.uk/wp-content/uploads/Patient-Information-Leaflet-T1-Thyroid-Operations-in-Adults.pdf



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