

Information on Thyroidectomy

The Thyroid Gland: The thyroid gland is shaped like a bow tie; i.e. a larger lobe on each side of your windpipe (trachea) joined by a narrower isthmus. The thyroid gland commonly develops nodules. Most of the nodules are benign. Many of these benign nodules can be identified by outpatient studies such as fine needle biopsies. However, some of the nodules may be suspicious for cancer; and consequently, need to be removed.

Some nodules become so enlarged that they put pressure on the windpipe and cause the sensation of fullness in the lower neck. These large nodules may also be removed. The thyroid gland secretes thyroid hormone that is essential for the body. Many patients will need to take a thyroid hormone supplement after surgery. Thyroid hormone levels are usually monitored annually by your primary care doctor or endocrinologist.

The Parathyroid Glands: Most people have 4 parathyroid glands that rest adjacent to the thyroid gland or in the gland itself. These are the size of a pea. Parathyroid glands help maintain a normal level of calcium in your body. One or more the parathyroid glands may be removed during the surgery. Some glands are removed and then transplanted back into the neck or forearm. Some patients may need to take Vitamin D and calcium after surgery. Calcium levels may be monitored after surgery by your primary doctor.

The Recurrent Laryngeal Nerve: The Recurrent Laryngeal nerve controls the majority of the voicebox (larynx) and runs adjacent to the thyroid gland. The nerve may not function well after surgery. This would lead to a hoarse, breathy voice and sometimes trouble swallowing. Most mild hoarseness after surgery is due to swelling of the vocal cords from the breathing tube (endotracheal tube) placed by the anesthesiologist during the surgery. If surgery requires both lobes to be removed, the left and/or right recurrent laryngeal nerves may not work, and the patient may have trouble breathing. This is rare but may require a breathing tube to be placed through the skin and below the voice box (TRACHEOTOMY).

Thyroidectomy: The removal of the thyroid gland starts with a skin incision in the lower neck, above the patient's breastbone. The gland is carefully separated from the recurrent laryngeal nerve and from any parathyroid glands that are seen. One or both of the lobes of the thyroid are removed. A small drain tube may be placed to exit the skin near the incision. The incision is sewn closed. The patient is then monitored for bleeding. The final pathology report may not be available until one week after surgery.

IF ONLY ONE LOBE OF THE THYROID WAS REMOVED AND THE PATHOLOGY SHOWS A MALIGNANCY, THEN ONE MAY NEED TO HAVE ANOTHER OPERATION TO REMOVE THE RESIDUAL THYROID.

Questions: Ask your surgeon if you have other questions or concerns.