

Understanding Total Thyroidectomy

- **What it is:** A total thyroidectomy is a surgical procedure where your entire thyroid gland is removed. The thyroid is a butterfly-shaped gland located in the front of your neck, which produces hormones that regulate vital body functions.
- **Reasons for the Procedure:** Your doctor may recommend a total thyroidectomy if you have:
 - **Thyroid Cancer:** When cancer is present in both lobes (halves) of the thyroid.
 - **Multinodular Goitre:** An enlarged thyroid with multiple nodules throughout the gland.
 - **Graves' Disease (Severe Overactive Thyroid):** Hyperthyroidism that cannot be effectively managed with medication or other therapies.
 - **Pressure Symptoms:** A significantly enlarged thyroid gland causing discomfort, trouble breathing or swallowing.

Potential Benefits of Total Thyroidectomy

- **Addressing Thyroid Issues:** A major benefit is the removal of cancerous tissue in cases of thyroid cancer. It can also address severe hyperthyroidism and significantly enlarged goitre.
- **Relief of Pressure Symptoms:** Eliminates discomfort and potential complications from a large, compressing thyroid gland.

Important Considerations

- **Risks of Surgery:** Like any surgery, a total thyroidectomy has potential risks. It's crucial to discuss these thoroughly with your surgeon. These include:
 - **General Risks:**
 - Bleeding (less than 10%)
 - Infection (less than 20%)
 - **Specific Risks:**
 - **Voice Changes:** Can be temporary or, in rare cases (less than 1%), permanent due to nerve damage.
 - **Hypoparathyroidism:** Damage to the parathyroid glands located near the thyroid can lead to low calcium levels. This might be temporary or require ongoing medication (around 1% chance).

- **Lifelong Hypothyroidism:** This is the most significant consequence (100% chance), requiring daily thyroid hormone replacement medication.
- **Tracheostomy:** In rare cases (less than 0.5%), a temporary breathing tube may be needed if there is damage to the nerves supplying the vocal cords or if there is swelling that affects breathing.
- **Alternatives:** Depending on your specific situation, a less invasive approach like a hemithyroidectomy (removing one side of the thyroid) or ongoing monitoring with medication might be an option initially. Discuss the pros and cons of all approaches with your doctor.

Preparing for the Total Thyroidectomy

- **Pre-Surgery Consultation:** You'll have a detailed discussion with your surgeon about the procedure, risks, benefits, alternative options, and your specific medical history.
- **Medications:** Your doctor will advise on any adjustments to your regular medications before surgery.
- **Fasting:** You'll be asked to fast (no food or certain drinks) for a specific time before surgery.
- **Questions:** Prepare a list of questions you have – no concern is too small!

What to Expect on the Day of Surgery

- **Arrival at the Hospital:** When you arrive, you'll be asked to check in and provide any necessary information.
- **Preparation:** A nurse will review your medical history, take your vital signs, and may start an IV (intravenous line) for fluids and medication.
- **Meeting Your Team:** You'll likely meet your surgeon, anaesthetist, and other healthcare professionals involved in your care.

The Surgery

- **Operating Room:** You'll be taken to the operating room and prepared for surgery.
- **Anaesthesia:** The anaesthetist will administer general anaesthesia, so you'll be asleep during the procedure.
- **The Total Thyroidectomy Procedure:**
 - Incision
 - Removal of the entire thyroid preserving the nerves and parathyroid glands where possible

- Meticulous checking for any evidence of bleeding
- Closing the incision

Recovery After Surgery

- **Post-Surgery Ward:** You'll wake up in a recovery area where nurses will monitor your condition.
- **Pain and Discomfort:** You may experience some pain, swelling, and a sore throat. Pain medication will be available.
- **Starting to Eat and Drink:** Usually, you can start drinking and eating soft foods fairly soon after surgery, depending on how quickly your swallowing ability returns.
- **Discharge from the Hospital:** You might go home the same day, but many patients stay overnight or longer. Detailed instructions for wound care, medications (including thyroid hormone replacement), activity restrictions, and follow-

Introduction

This leaflet provides guidance for your recovery after a total thyroidectomy (complete removal of the thyroid gland). Your body needs time to heal, and everyone recovers at a different pace. This information will help you understand the recovery process, including diet, medication, wound care, exercises, and returning to your usual routine.

Diet and Swallowing

- You may initially find swallowing difficult. Start with liquids and gradually progress to soft foods like yogurt, mashed potatoes, and scrambled eggs. Avoid hard or scratchy foods until your throat feels comfortable.
- A healthy, balanced diet is important for optimal healing.
- Constipation is common after surgery. Increase your intake of high-fiber foods and drink plenty of fluids. If constipation persists, ask your pharmacist or GP for a gentle laxative.

Medication

- **Thyroid Hormone Replacement:** Your body no longer produces thyroid hormone. You will need to take levothyroxine every day for the rest of your life.
 - Take it on an empty stomach, at least 30 minutes before breakfast.
 - Do not take levothyroxine with calcium or zinc supplements. Wait at least four hours before taking these.
- **Calcium and Vitamin D (may be temporary):** You may receive a short course of calcium and vitamin D supplements to prevent low calcium symptoms. If you develop symptoms such as tingling, muscle cramps, or changes in mood or your skin/hair, contact your surgeon, CNS, or call 111.

When to Go to A&E (Accident & Emergency)

Seek immediate medical attention if you experience any of the following:

- Severe neck swelling or difficulty breathing: This could indicate a serious complication.
- Fever (temperature of 38°C or higher)
- Numbness and tingling around your mouth or in your hands and feet: This could signal very low calcium levels.

- Uncontrollable muscle cramps or spasms: This can be another sign of dangerously low calcium levels.

Caring for Your Wound and Scar

- Your wound will be covered with special skin glue. You can shower with soap the day after surgery. Pat the area dry gently.
- The glue will dissolve and come away over about two weeks. Do not bathe, swim, or submerge your wound under water until your surgeon says it is safe.

Signs of Healing:

- **Swelling:** May be present for up to six days.
- **Rebuilding:** A fresh, raised, red scar may form within a month.
- **Remodelling:** Over a year, the scar will gradually fade and flatten.

Signs of Infection: Contact your surgeon, CNS, GP, or call 111 if you experience:

- Fever (temperature of 38°C or higher)
- Increased pain, redness, or swelling around your wound
- Discoloured or foul-smelling discharge

Neck and Shoulders Exercises

- Start gentle neck and shoulder exercises the day after surgery to promote healing and prevent stiffness (if your wound is closed internally and externally). Your care team may provide you with specific exercises.
- Perform them twice daily for three months, even after you regain full movement. Take painkillers beforehand if needed.

Activity

- **Get Moving:** Get up and walk around soon after surgery when it's safe.
- **Gradual Increase:** Start with light activities at home. Gradually increase duration and intensity as your body allows.
- **Weeks 1-2:** Light activities like walking. Avoid lifting anything heavier than a kettle.
- **Weeks 2-4:** Build up activities. Avoid lifting more than 5kg (11lb) or prolonged standing.
- **Weeks 4-6:** Gradually return to normal activities.

Going Back to Work

- You'll likely need about two weeks off work. This can vary depending on your recovery and the type of job you do. Discuss this with your surgeon.
- Your surgeon will provide a fit note before discharge. Contact your GP if you need an extension.

Driving

- Don't drive for at least two weeks. Resume driving only when you can comfortably turn your head, control the car, and are no longer taking pain medication that makes you drowsy.

Smoking

- Smoking impairs healing. This is a great time to consider quitting for improved recovery and overall health.