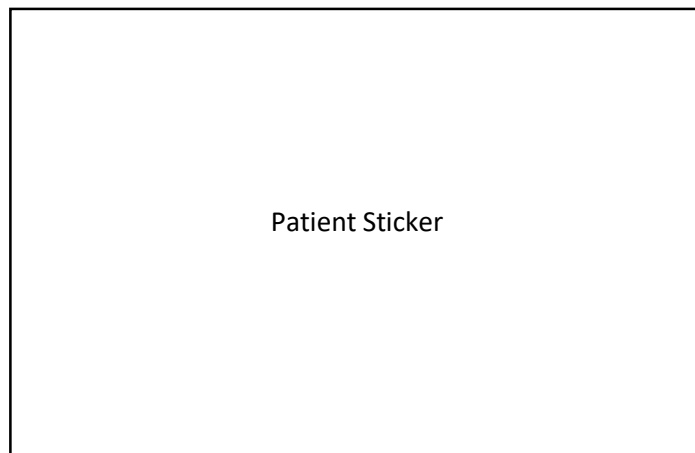


# Patient Information Booklet

## Short Stay Thyroidectomy



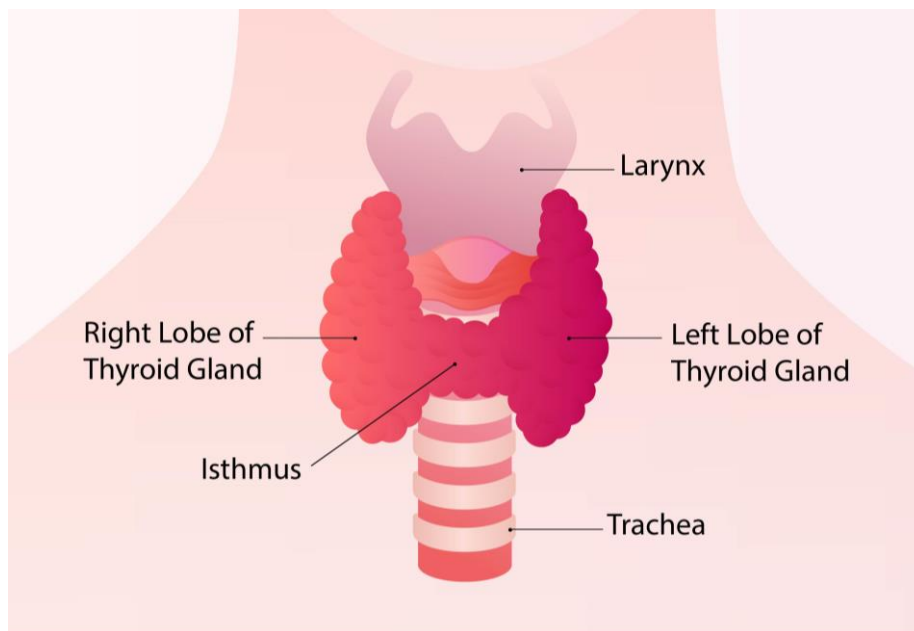
Content	Page
Introduction	3
What Is the Surgery About? <ul style="list-style-type: none"> <li>a. What is a thyroidectomy and why do I need it?</li> <li>b. How is the surgery performed?</li> <li>c. How long will the surgery be?</li> </ul>	3-4
How to Prepare Myself Before Surgery <ul style="list-style-type: none"> <li>a. Visit the <b>Pre-Admission Counselling and Evaluation (PACE)</b> clinic</li> <li>b. Mental preparation</li> <li>c. Stop smoking and alcohol consumption</li> <li>d. Have a well-balanced diet and sufficient rest</li> <li>e. Stay active</li> </ul>	4-5
What Must I Do on the Day Before Surgery? <ul style="list-style-type: none"> <li>a. Reporting time and location</li> <li>b. Fasting</li> </ul>	5
What Happens on the Day of Surgery? <ul style="list-style-type: none"> <li>a. Preparation for general anaesthesia</li> </ul>	6
What can I Expect After My Surgery? <ul style="list-style-type: none"> <li>a. Immediately after the operation</li> <li>b. Ambulatory surgery stay (Days 0-2)</li> </ul>	6
What can I Expect After My Discharge? <ul style="list-style-type: none"> <li>a. Pain and discomfort</li> <li>b. Stay active</li> <li>c. Drain care</li> <li>d. Wound care</li> <li>e. Calcium replacement</li> <li>f. Thyroid hormone replacement</li> <li>g. Follow-up appointments</li> </ul>	7-8
Important Contact Information	8
Appendix: Drain chart	9

## Introduction

Thyroidectomies are frequently performed procedures. With carefully orchestrated care, most patients can be safely discharged in one to three days with minimal risk of complications. The whole process will be undertaken by a well-trained multidisciplinary team. The objective of this booklet is to provide you and your family with the necessary information that can enhance your recovery after thyroidectomy. On behalf of the team, we hope this guidebook will prepare you for the journey ahead, and reassure you prior to the operation.

## What Is the Surgery About?

### A. What is a thyroidectomy and why do I need it?



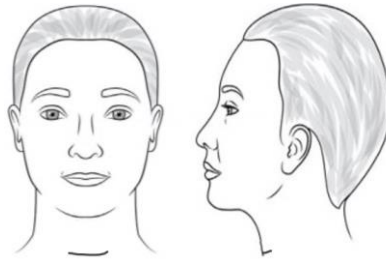
Thyroidectomy is a procedure that removes either the left or right lobe of the thyroid gland including the isthmus (hemithyroidectomy) or removes the entire thyroid gland (thyroidectomy). These procedures are performed for patients who:

- Are confirmed or suspected to have thyroid cancer
- Have large thyroid glands pressing against the windpipe or food passage
- Have over-production of thyroid hormones despite taking medication or radioactive iodine
- Have a visible thyroid gland causing cosmetic concerns

In the lead up to the surgery, blood tests (e.g. thyroid hormone, vitamin D) and other investigations (deemed necessary after review by anaesthesiology) may also be required.

## **B. How is the surgery performed?**

You will be asleep during the procedure (under general anaesthesia). Thyroidectomy is usually done via a neck incision/opening, which is the common and the most direct approach to the thyroid gland. If you desire an approach that avoids a scar on the neck, please discuss this with our surgeons regarding the endoscopic/robotic approach. However, the scar from thyroidectomy can usually be hidden in a skin crease and become unnoticeable over time. Your surgeons may also use a laryngeal (throat) nerve monitor to reduce the risk of nerve injury. Advanced hemostatic devices (machine that checks for bleeding) may also be used to minimise bleeding during the surgery.



*Figure 1: Scar to expect in open total thyroidectomy*

## **C. How long will the surgery be?**

The duration of the surgery ranges from two to five hours, depending on the complexity of the surgery and the approach.

### **How to Prepare Myself Before Surgery**

#### **A. Visit to the Pre-Admission Counselling and Evaluation clinic (PACE)**

An anaesthetist or nurse will speak with you regarding your medical conditions and what to expect on the day of surgery. They will discuss the anaesthetic procedure, risks and benefits, and you may be asked to do blood tests or other investigations as part of the evaluation process to ensure the best possible preparation for surgery.

#### **B. Mental preparation**

We encourage emotional and social support from family and friends. You should remain positive and know that you will feel better as you progress along this journey. We will accompany you every step of the way.

**C. Stop smoking and alcohol consumption**

Smoking and alcohol consumption can cause complications after surgery such as confusion, infections and delayed wound healing. If you require help to stop smoking, please do not hesitate to approach us.



**D. Have a well-balanced diet and sufficient rest**

You must continue to eat and drink well before the surgery. It is important to have sufficient energy and a well-balanced diet inclusive of whole grains (e.g. rice, noodles), protein (e.g. meat, fish, tofu) and fruits and vegetables. Maintaining good nutrition helps you recover better after the surgery.

**E. Stay active**

If you are already exercising, continue to do so. If you are not, you can start by slowly adding simple exercises into your daily routine (e.g. starting from a 15 to 30-minutes walk). By staying active, you are likely to return to your normal activities faster after the surgery.



**What Must I Do on the Day Before Surgery?**

**A.** You will receive a call from the Day Surgery Centre one day before the surgery. Please take note of your reporting time and location:

**Reporting Time:** \_\_\_\_\_

**Reporting Location:** \_\_\_\_\_

**B.** Take note of the fasting instructions given to you for food and drinks. You may need to take certain medications with plain water on the morning of your surgery, as instructed at PACE clinic.

## What Happens on the Day of Surgery?

### A. Preparation for general anaesthesia

Before the operation, you will meet your team of doctors and nurses that will be taking care of you.

The anaesthetist will also check in with you to ensure that you are well and begin preparations which include injections for the intravenous (IV) drip. You will then be brought into the operating room where you will be closely monitored and given anaesthetic medications. The operation will commence when you are under anaesthesia (asleep).

## What Can I Expect After My Surgery?

### A. Immediately after the operation

You will usually be admitted to the Ambulatory Surgery (AS) Ward after the operation to facilitate your recovery. However, your doctor may admit you to an inpatient ward for closer monitoring if necessary. There may be a few tubes and drips attached to your body (e.g. neck drain(s)), which will be removed slowly over time (generally two to three days).



You should be able to drink, eat and talk after the surgery. There are no restrictions to your diet. However, soft moist diets (minced and moist foods that require minimal chewing) are advised as you may experience some mild sore throat.

### B. Ambulatory surgery stay (Days 0-2)

You will be monitored regularly to ensure that your vitals (internal organs that are essential to life) are stable and that your surgical drain(s) are working well. Your doctors will check in on you daily. We will monitor you with regular blood tests if necessary. In most cases, patients can be discharged by day two of post-surgery. If you need to go home with the neck drain(s), you will be taught how to care for your surgical drain(s) and wound before discharge.

## **What can I Expect After My Discharge?**

### **A. Pain and discomfort**

It is normal to experience mild neck pain or discomfort especially around the wounds or drain sites. This pain will lessen steadily over the course of your recovery. Please take your pain medications as necessary.

### **B. Stay active**

You should continue to stay active with simple exercises (e.g. taking walks) but avoid carrying heavy loads for two weeks.

### **C. Drain care**

If you are discharged with a neck drain(s), keep the drain(s) well secured and tied at your waist level. Remember to measure and record the amount of drainage everyday (you may chart it using the drain chart attached at the end of this booklet). If there is a sudden increase of fresh blood in the drain, please inform the clinic or surgeon immediately by calling 6357 7000 during office hours (9am to 4.30pm), or return to the Accident and Emergency (A&E) Department of Tan Tock Seng Hospital after office hours. This should be very rare but may indicate bleeding. The drain(s) will usually be removed at a follow-up appointment a few days after the surgery.

### **D. Wound care**

Keep the wound clean and dry. You may be required to remove the skin stitches 7 to 10 days after the surgery. Check your wound daily for discharge (blood or pus) or worsening swelling/redness/pain. If you develop any of the above symptoms, please inform the clinic or surgeon for an early review/appointment.

### **E. Calcium replacement**

The parathyroid glands help our body regulate calcium and are located close to the thyroid gland, hence they are at risk of injury during surgery. For some patients whose thyroid is completely removed during surgery, their blood levels of calcium may decrease. Our endocrinologists and surgeons have developed a process to minimise the risk of low calcium after thyroidectomy. Your surgeon would have carefully checked your blood for clues of this and started you on the necessary medications (calcium or activated Vitamin D tablets) before your discharge. Please take the calcium tablets after your meals unless otherwise told by your physician.

### **Be vigilant for symptoms and signs of low calcium levels**



However, if you develop numbness, tingling of the lips, fingers, toes or muscle cramps within the first 10 days after your discharge from the Hospital, you should take two extra calcium tablets, one extra Vitamin D tablet and return as soon as possible to the Accident and Emergency (A&E) Department of Tan Tock Seng Hospital for a blood test to measure your calcium level is stable. If your calcium is confirmed to be low, you may need to be admitted again for treatment. This is rare but important for you to know.

### **F. Thyroid hormone replacement**

If your thyroid gland is completely removed, your surgeon or endocrinologist will usually start you on Levothyroxine (a thyroid medicine) prior to your discharge. This medicine helps to replace and replenish the thyroid hormone that was once produced by your thyroid gland and also helps to minimise medical conditions associated with the lack of thyroid hormone (hypothyroidism). You should take Levothyroxine first thing in the morning on an empty stomach, half an hour before your breakfast, in order for its absorption to be consistent. For patients with thyroid cancer and who may need to undergo radioactive iodine therapy after thyroidectomy, you may not be started on Levothyroxine immediately after your operation. Your surgeon will advise you accordingly.

### **G. Follow-up appointments**

Please take note of your appointments upon discharge and attend them as scheduled. We may also order blood tests to be done on your arrival at the follow-up appointments to check your calcium and thyroid hormone supplementation levels. For patients with thyroid cancer, we will also discuss the pathology reports (a report analysing the tissue removed during surgery) and the next step of management with you.

### **Important Contact Information**

For urgent matters during office hours (9am to 4.30pm), you may wish to consult us at the clinic or contact us at 6357 7000 (clinic hotline). If it is after office hours, please return to the Accident and Emergency (A&E) Department of Tan Tock Seng Hospital.



