



THYROID/PARATHYROID INFORMATION GUIDE

Select Surgical tutorials: Web site: www.healthsystem.virginia.edu/internet/surgery

THE THYROID GLAND: This gland lies in your neck just below the area of your Adam's apple. It produces hormones that regulate your body's metabolism. There are many reasons for thyroid surgery. Depending on the nature of your problem, it may be necessary to remove part or your entire thyroid. You may need to take thyroid replacement for the rest of your life. The body stores about 10 days of thyroid hormone in the tissues. Missing one dose will not cause any problems, but your body must have thyroid hormone for normal body functions. **THYROID HORMONE MUST BE TAKEN ON AN EMPTY STOMACH.** Please take your thyroid medicine an hour before or two hours after eating or taking other medications. Absorption is affected by a large number of supplements as well as foods.

THE PARATHYROID GLAND: The 4 parathyroid glands routinely lie near the thyroid and share the same blood supply. They are about the size of a pencil eraser and often are difficult to locate and remove. The parathyroids secrete a hormone which regulates the calcium in our blood stream. If one or more parathyroids begin to over-produce parathyroid hormone, the body will pull calcium from the bones, muscles and other storage areas into the blood stream. The kidneys, one of our body's filters, will then attempt to filter all the excessive calcium from the blood. This increases the risk of kidney stones and kidney damage. Usually one or more of the parathyroids is removed with a minimally invasive incision. Occasionally, after removal of the overproducing gland, it may take awhile for the remaining parathyroid glands to begin producing enough parathyroid hormone and calcium supplements may be needed. At UVA, we measure the parathyroid hormone in the operating room and it will usually drop to normal levels within 10-15 minutes of gland removal.

SURGERY FOR THE THYROID AND PARATHYROID GLANDS: The surgical approach for removing the thyroid or parathyroids is very similar. An incision approximately 1 1/2 – 2 inches is made along the natural crease in the front of the neck. The incision length for thyroid surgery may vary depending on the thyroid size. There are always risks to every operation. There is a risk of bleeding and infection with any surgery, but this risk is minimal. With thyroid surgery, the additional risks include failure to diagnose cancer at the time of the operation with a need for additional surgery, injury to the nerves running along either side of the neck causing hoarseness, a need for thyroid and/or calcium replacement. With parathyroid surgery the risks include recurrence, failure to find the gland, hoarseness, as well as potential need for calcium replacement or thyroid supplementation.

Temporary hoarseness and voice fatigue are fairly common for a brief period of time post operatively. Permanent hoarseness is very rare (<1%), but may occur. Permanently low calcium levels may rarely occur which would require lifelong calcium replacement.

PLEASE NOTE: The average recovery time varies from 1-2 weeks. Our recommendation is to anticipate 2 weeks, knowing you may always return early. Insurance companies, including short term disability insurance will require documentation of a complication should a patient try to extend beyond 2 weeks. We will not support extended work leave without a visit to document the need.

THE NIGHT BEFORE SURGERY: Our OR times are usually scheduled for arrival at the surgical admissions area for 6AM or 8AM. You should have nothing to eat or drink after midnight; however, you may be asked to take your routine medicines with a sip of water prior to coming into the hospital. If you are diabetic do not take oral diabetes medications the day of surgery and no insulin.

You may be asked to take your evening insulin dose at half dose. We ask that you refrain from taking aspirin or aspirin based products for about 1 week prior to surgery. If you are on blood thinners, we will instruct you as to when to discontinue these medications.

THE DAY OF SURGERY: At your clinic visit you will receive instructions as to your check in location in the main hospital. Your surgery will last approximately 2-3 hours. After surgery, you will remain in the recovery room for approximately 1 hour before being transferred to your room for an overnight stay. Most of our patients go to our short stay unit which has private rooms with a shared bath.

As you awaken from surgery, you will have a bandage in place at your neck and an IV in your arm. As soon as you are able to drink fluids, the IV will be removed. You may experience some neck stiffness or soreness. Pain medication will be available should you need it. You may be out of bed and walking by the afternoon. Please ask for assistance when first getting up as some patients may be dizzy.

MORNING AFTER SURGERY AND GOING HOME: The morning after surgery, we will draw a blood sample to check your calcium level. We will also remove the bandage at your neck. We use 7-10 surgical staples which will be removed. **DO NOT LEAVE WITHOUT STAPLE REMOVAL.** Your incision will be covered by Steri-strips, small strips of tape. The strips should remain in place for 1 week. After 1 week, you may pull them off. Oils such as baby oil, vitamin E oil, or olive oil will loosen the adhesive if the strips are tight. You should be ready for discharge between 10:30 and 11:00 AM. At discharge, you will be given prescriptions for pain medication and possibly thyroid replacement and calcium supplement recommendations. These may be filled at the pharmacy of your choice. Continue your previous medications unless instructed otherwise at the time of discharge.

At home, you may eat regular foods. Once you are no longer taking pain medication and are able to turn your head from side to side without difficulty, you may drive. You may shower, washing the incision area gently and patting dry. Do not soak the incision area or apply directed water pressure for the first week. Do not apply lotions, cream, or powders to the incisional area for the first week. You may resume normal activities at your own pace. No heavy lifting or strenuous exercise for the first week. After the first week and your tapes have been removed, you should wear Sunblock daily for the first year on your incision. Sunblock use will decrease redness and scar thickening.

POST-OPERATIVE VISIT: Our post-operative visits are usually 2 weeks after surgery. You may be requested to have a calcium level drawn at your doctor's office before your return. Please call our office with a fax number if they require an order for testing. Pathology reports usually require 3-4 business days. Please feel free to call our office if you would like the results before your post-op visit. We will be sending copies of the operative note and path report to your referring physician and/or family doctor after your post-op visit.

PLEASE CALL IF YOU EXPERIENCE:

- Increased swelling, redness or drainage from your incisional area
- Fever, nausea or vomiting
- Any numbness or tingling around your mouth and lips or in your fingers or legs

Dr. John Hanks
Ginny Simpson, RNNP
434-924-0376

Our office hours are Monday-Friday 8:30 AM-4:30 PM. After hours or on the weekends please call 434-924-0000 and ask for the resident covering Dr Hanks' service.