

It is important to know what to expect following thyroid surgery and to have the following important information to help you in your recovery.

Monitoring Your Progress

You should feel improvement every day after surgery. If you have any questions regarding your progress, **call your surgeon**. Be sure to make an appointment to see your surgeon 3 weeks after your surgery.

Incision

Your incision is covered with a protective strip of clear glue called collodion. You can shower and wash your hair as usual, but do not soak or scrub the incision. After showering, use a cool hair dryer to dry the incision. The collodion will turn white and start curling up at the edges in about 5 to 7 days. When this happens, you can pull it off or wait until it falls off on its own.

If you experience itching once the collodion is off, you may apply lotion to the scar. You might notice bruising around your incision or upper chest and slight swelling above the scar when you are upright. In addition, the scar may become pink and hard. This hardening will peak at about 3 weeks and may result in some tightness especially when swallowing or extending your neck. This will disappear over the next 3 to 6 months.

Thyroid Hormone Tablets

If you were taking thyroid hormone tablets before your operation, continue with the same dose unless your surgeon has changed it. If you were not taking thyroid hormone prior to your operation, your surgeon may prescribe these tablets following thyroid surgery. You may need to take them on a permanent basis.

Please schedule an appointment with your endocrinologist for 4 to 6 weeks after the operation to have a blood test to measure your levels of thyroid hormone. Your dose of medication may be adjusted accordingly. Your thyroid hormone levels will then be measured approximately every 2 months until your hormone levels are stable. These levels generally stabilize in 4 to 5 months.

Pain

The primary complaint following surgery is pain with swallowing. Some people experience a dull ache, while others feel a sharp pain. This should not keep you from eating anything you want, but the pain can be annoying for a day or two. Check with your doctor to see if it is okay for you to take Motrin® or Tylenol®, which can generally control this pain. Do not take either of these medicines if you have a pre-existing medical condition such as an ulcer or liver disease. Taking Motrin® or Tylenol® every six to eight hours (as the bottle directs) for the first few days after the operation should control most of the pain. In addition, you will be given a prescription for a mild painkiller such as Tylenol with codeine.

Voice

The vast majority of people will notice no change in their voice. However, your voice may go through some temporary changes with fluctuations in volume and clarity (hoarseness). If this happens, it generally will be better in the mornings and “tire” toward the end of the day. This can last for variable periods of time, but should clear up in 8 to 10 weeks. If you are hoarse, speak to your surgeon about what you can expect. Rarely, your voice will be permanently affected.

Cough

If your operation was performed under general anesthesia, you may feel like you have phlegm in your throat. This is usually due to the breathing tube causing some irritation that you perceive as phlegm. You will notice that if you cough, very little phlegm will come up. This should clear up in 4 to 5 days.

Movement

It is a normal reaction to tighten your shoulder muscles when you have pain in your neck, but it is important to keep these muscles relaxed. To do this, move your head as normally as you can and relax your shoulders. Most other types of routine exercise can be started 7 days after surgery. Ask your physician if you have questions regarding a specific exercise.

Hypocalcaemia

In about 5% of patients who have thyroid or parathyroid surgery, the parathyroid glands do not function properly immediately after thyroid surgery. This can also happen after parathyroid surgery. This is the result of the blood calcium level dropping below normal (hypocalcaemia) and is usually temporary. Symptoms of hypocalcaemia include numbness and tingling in your hands, soles of your feet, and around your lips. Some patients experience a “crawling” sensation in the skin, muscle cramps, or severe headaches. These symptoms appear between 24 and 48 hours after surgery. It is rare for them to appear after 72 hours.

Symptoms of hypocalcaemia can generally be prevented by taking 1,000 mg of calcium – Tums®, Caltrate®, or Os-Cal® with vitamin D – 4 times daily for 7 days after surgery. After the seventh day, reduce the calcium to 1,000 to 1,200 mg daily. If symptoms develop, you should take extra calcium and call your doctor. We also recommend a multivitamin such as Centrum® for premenopausal women and Centrum® Silver® for all other patients.

Bleeding

It is common to have some bruising around the incision area. A lot of swelling and/or drainage should be reported. This is extremely rare but if it does occur, go to the emergency room near you as soon as possible and have your physician paged.

Bone Health

To promote healthy bones, patients who are taking thyroid hormone tablets or have a history of parathyroid disease should take calcium and vitamin D as follows:

Calcium

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|-----------------------------|----------------|
| Women ages 19 to 50: | 1,000 mg daily |
| Women age 51 and over:..... | 1,200 mg daily |
| Men ages 19 to 71:..... | 1,000 mg daily |
| Men over age 71:..... | 1,200 mg daily |

Vitamin D

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|-----------------------------------|-------------------------|
| Men and women up to age 71: | 600 International Units |
| Men and women over age 71: | 800 International Units |

Source: Institute of Medicine, 2010

An exercise routine using weights is also recommended.