

General Instructions for Surgery

One Month Prior to Surgery

Laboratory Tests

Though additional tests may be required depending upon your particular surgery and medical history, the following tests are standard requirements for all surgical patients:

- CBC with platelets and differential
- Comprehensive metabolic panel
- Coagulation profile
- EKG for patients 40 years and older
- Chest X-ray for women over 60 and men over 50
- HCG serum quantitative for menstruating females

Scheduling Tests

Call our office if you would like to make arrangements for preoperative testing at NewYork-Presbyterian.

If you choose to have your testing done elsewhere, you are responsible for getting all test results to us no later than **three business days** prior to your surgery date. *If we do not receive all the required test results, we will need to cancel and reschedule your surgery.*

One Week Prior to the Day of Surgery

- Do not take any aspirin up to seven days before your surgery.
- If you develop a cold, sore throat, fever or any illness, please call your surgeon's office prior to your day of surgery.

Day Before Surgery

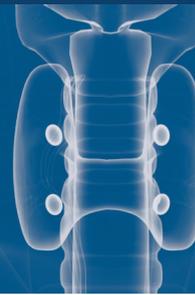
A staff member of the Surgical Nursing Unit will call you after 3:30 pm the day before your surgery to confirm your surgery time. If you have not received a call by 6 pm, please call the Surgical Nursing Unit at (212) 305-7000.

The Day of Surgery

- Do not eat or drink after midnight before your planned surgery.
- You may take your usual asthma, heart, blood pressure, or seizure medication with a small sip of water that morning, unless otherwise advised.
- If you are a diabetic, consult with your physician before taking your medication.
- Two hours prior to your surgery time, come to the third floor of the Milstein Heart Center at 173 Fort Washington Avenue to check in.

COLUMBIA THYROID CENTER

Center for Research, Education and Treatment of Thyroid Disorders



The Columbia Thyroid Center's team of experts offers the highest quality care for patients with disorders of the thyroid and parathyroid glands. Our multidisciplinary group uses the latest diagnostic and imaging tools and medical and surgical treatment approaches to provide the best possible outcomes.

Columbia Thyroid Center

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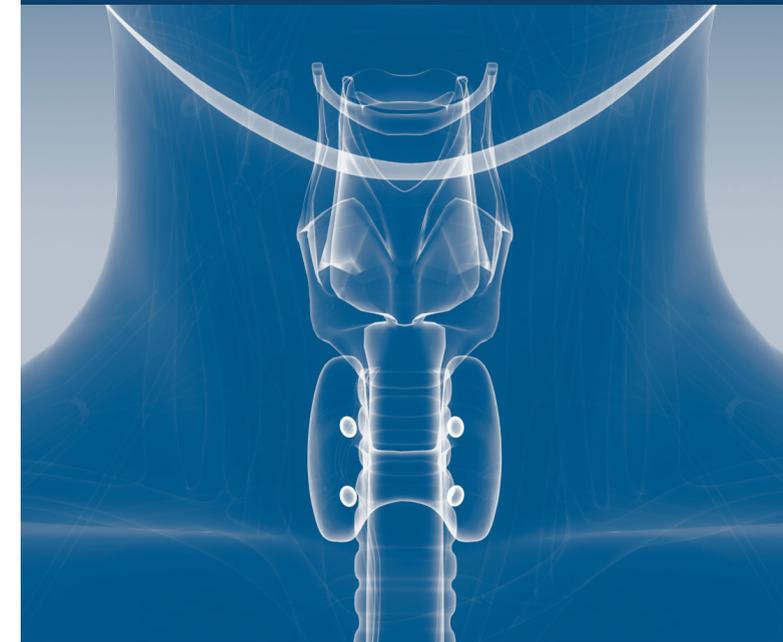
Have you heard about myColumbiaDoctors, our online patient portal?

Online communication with our office through myColumbiaDoctors is secure and can be easier and quicker than a telephone call. Ask us about how to register when you are next in the office.

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Thyroid Surgery

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(212) 305-0444 | www.columbiasurgery.org/thyroid

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If you need thyroid surgery, it is important to know what to expect. Following are some of the most frequently asked questions. Please take a moment to read them and talk to your physician to learn more about your thyroid disease and surgery. Although individuals have different needs, most patients follow these guidelines for their operative course. Your surgeon will discuss your individual needs at the time of your preoperative consultation. If you find that you have additional questions after your consultation, it is a good idea to write them all down before speaking to your surgeon.

What type of anesthesia will I have?

You are given the option of either general anesthesia or local anesthesia. With general anesthesia, you are completely asleep during the operation and you will have a breathing tube placed temporarily. With local anesthesia, your neck area is numbed, mild sedatives may be given to reduce anxiety, and you will be in a “twilight” state and not feel or be aware of the operation. However, since this is light sedation, your surgeon can communicate with you throughout the operation so your voice can be monitored if necessary.

How will my voice be monitored during surgery?

Voice monitoring can be done safely and reliably by having the patient speak during surgery while under local/regional anesthesia, if necessary. Under general anesthesia, a device called a nerve monitor can be used to help identify and protect the nerve that controls your vocal cords.

How long will I be hospitalized?

Depending on the time you undergo surgery, the type of anesthesia you have, your medical history and your condition after surgery, you may be kept in the hospital overnight. However, most patients can go home the same day after a 6 hour observation period in the recovery room.

Will I have pain after the operation?

All operations involve some pain and discomfort. Our goal is to minimize this discomfort. At the time of operation, your surgeon will give you some numbing medicine, which will usually last 4 to 6 hours after surgery. Although you

should be able to eat and drink normally, the main complaint is pain with swallowing. Most patients take Tylenol® or Motrin® to keep them comfortable at home, but you will receive a prescription for a mild narcotic painkiller.

Will I have stitches?

Before you are discharged from the hospital, a single suture in the incision will be removed. The incision will then be covered with a plastic coating, which is waterproof so that you can shower as usual. However, do not submerge the incision for 5 days. The coating will peel off on its own within 7 to 10 days, and a moisturizer can be applied to the wound to improve healing.

Will I have a scar?

Yes. All surgery causes scarring, and how a patient scars is dependent on the individual. However, there are some techniques that surgeons use to minimize scarring. These techniques include smaller incision size, careful incision placement, and hypoallergenic suture material to avoid inflammation. As a general rule, it is unusual for patients to have a noticeable scar after 6 months.

Will I have physical restrictions after surgery?

In general, your activity level depends on how much discomfort you experience. Many patients may resume regular activities within a few days after the operation. Most patients are able to return to work within the first week. You will be able to drive as soon as you can turn your head comfortably – this limitation is for driver safety – and you are not taking narcotic pain medication. Your surgeon will ask you not to soak in a hot bathtub or go swimming for 1 week after the surgery. You must see the surgeon for a follow-up office visit 3 weeks after surgery.

When will I know the findings of the surgery?

During the operation, your surgeon may consult with the pathologist who will provide a preliminary diagnosis. However, the final pathology report requires careful study of your tissue specimen. Therefore, the final report is usually not available until about 1 week after the operation.

What are the potential complications unique to thyroid surgery?

The following possible complications are directly related to the operative experience of the surgeon, and these statistics are based on our own results. Although the risk of these complications cannot be eliminated entirely, they can certainly be minimized in the hands of an experienced thyroid surgeon.

Hoarseness In only about 1 in 150 thyroid operations, the nerves that control the voice are permanently affected by the surgical removal of the thyroid. When this occurs, the main difficulties are projection of the voice and production of high-pitched sounds. It is usually described as hoarse, but will not necessarily be considered abnormal by strangers. In about 3% of thyroid operations, the patient experiences temporary voice changes. When this happens, the voice typically returns to normal within 8 to 12 weeks.

Hypocalcaemia The four delicate parathyroid glands control calcium levels. In about 1 in 200 thyroid operations, the parathyroid glands, which are located next to the thyroid, will not function properly. Symptoms of hypocalcaemia include numbness and tingling in the hands, soles of your feet, and around the 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 for most patients.

Bleeding in the Neck Bleeding is a rare (1 in 300 patients), but potentially serious, complication. You will be carefully observed for 6 hours in the recovery room and may stay overnight. Signs of a potential bleeding problem include swelling in the neck, feeling short of breath, a choking sensation, and a high squeaky voice. If your surgeon is concerned about bleeding, he or she may decide to open the same small incision, fix the cause, and close the incision in the same fashion.