



Post-Operative Thyroidectomy Instructions

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The thyroid gland is a hormone-producing gland which secretes thyroid hormone and is located in the lower part of your neck, extending along both sides of your trachea (windpipe). The thyroid gland may become diseased or develop nodules/growths which may warrant surgical excision. Thyroid surgery is performed through a carefully-placed small incision in the lower neck. Surgery takes 1-2 hours and usually requires an overnight stay in the hospital.

The thyroid gland is a delicate structure with a robust blood supply. Surgery requires care and precision around the major blood vessels of the neck, the trachea (windpipe), the esophagus (food tube), the recurrent laryngeal nerves (which control vocal cord movement), and the parathyroid glands (which regulate blood calcium levels).

Possible complications of thyroid surgery include bleeding, infection, airway compromise, injury to the recurrent laryngeal nerves with resultant hoarseness, and injury to the parathyroid glands with resultant hypocalcemia (low blood calcium). Hoarseness or hypocalcemia occur in 20-30% of patients after total thyroidectomy and are typically temporary. Permanent hoarseness or hypocalcemia are rare (less than 1%).

You may advance your diet as tolerated in the post-operative period. Your doctor may prescribe calcium supplements after surgery. Please take them as instructed. The earliest symptoms of hypocalcemia are numbness and tingling around the mouth or fingers. Please notify your doctor if these symptoms persist despite taking the instructed dose of calcium.

Keep your incision clean and dry during the first week after surgery. You should also avoid strenuous activity and aspirin-containing products for the first week. Notify your doctor if your incision becomes progressively painful, swollen, or weeps yellow fluid.

Please schedule an appointment to see your doctor one week after surgery.