

POST-OPERATIVE INSTRUCTIONS FOLLOWING THYROID SURGERY

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WOUND CARE: Your wound will be covered with strips which should be left in place for about two weeks then soak off. You may notice some dried blood under the tape but that is of no concern. You can wash and shower with the tape in place and even get it wet. Once removed, the tape will be replaced and you will then need to change it after washing the area with soap and water **every two or three days for the next two to three months** in order to get the best possible result.

The best tape to use is narrow flesh coloured Micropore which can be obtained from your chemist.

It is very important to continue wearing support stockings until you resume all normal activities.

ACTIVITIES: You should generally restrict vigorous activities for one or two weeks after surgery. Activities which involve turning the head suddenly, such as driving in heavy traffic, should be avoided although local driving is acceptable. Commonsense is the best way to avoid straining your neck.

LOCAL SYMPTOMS: A variety of local symptoms are common for several weeks after surgery including a feeling of tightness, choking, or having to force food down. Headaches and tiredness are also common as is weakness of the voice with prolonged use. Occasionally a symptom may last for a few months. Swelling of the neck around the wound is also common and may benefit from daily massage with Vitamin E Cream.

LATE COMPLICATIONS: The only late complication of concern is a wound infection. This may have occurred if the wound becomes very red, hot and more swollen. If that occurs you must seek attention from your local doctor straight away who will arrange for you to have antibiotics.

FOLLOW-UP generally your follow-up will consist of:

Removal of sutures by General Practitioner or Community Nurses at 1 week.

Review at about 3 weeks by Dr Hehir

THYROXINE MEDICATION: If all your thyroid has been removed (total thyroidectomy) you will need to take thyroxine for life and that will be started before discharge (unless the surgery was for cancer in which case it will start later). The initial dose is only an estimate and will be checked by your local doctor or endocrinologist with thyroid function tests at about six weeks and the dose adjusted if necessary. Occasionally, even if only part of the thyroid gland has been removed, you may still need to take thyroxine.

CALCIUM MEDICATION: A temporary drop in calcium levels is very common after thyroid surgery, especially for surgery involving both sides of the thyroid (total thyroidectomy or bilateral sub total thyroidectomy). The calcium level is checked in hospital. If it is normal you should not need to have it checked again. If it is low, you will be sent home on calcium and Vitamin D tablets. If you are sent home on calcium, you will need to see Dr Hehir every week after discharge to have the calcium levels checked. If at each visit, the calcium is normal then the dose is reduced according to the protocol below:

On discharge you will usually be on
1st week reduce to
2nd week reduce to
3rd week reduce to
4th week cease calcium supplements

Rocaltrol 2 twice daily/Caltrate 2 twice daily
Rocaltrol 1 twice daily/Caltrate 1 twice daily
Rocaltrol 1 daily/Caltrate 1 daily
Caltrate 1 daily

If at any time the calcium level is low, go back to the previous weeks dose.

IF YOU HAVE ANY PROBLEMS WHICH CANNOT BE RESOLVED BY YOUR LOCAL DOCTOR CONTACT DR HEHIR IN HIS ROOMS. IF THE ROOMS ARE CLOSED CONTACT THE HOSPITAL WHERE YOUR SURGERY WAS PERFORMED AND THEY WILL ARRANGE TO CONTACT DR HEHIR.