



# Dr. Saud Hamza

Breast • Thyroid • General Surgeon

## Practice Locations:

St John of God Consulting Suites, 117 Anstruther Road, Mandurah  
Murdoch Medical Centre, Suite 44, 100 Murdoch Drive, Murdoch WA 6150  
Tel: 08 6148 0540 Fax: 9332 9425  
Email: [info@saudhamza.com.au](mailto:info@saudhamza.com.au)  
Web: [www.saudhamza.com.au](http://www.saudhamza.com.au)

## GS09 Thyroidectomy (for Goitre)

Expires end of November 2023

## Write questions or notes here:

---

---

---

---

---

---

---

---

---

---

## Further Information and Feedback:

Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)  
Get more information, references and share your experience at [www.aboutmyhealth.org](http://www.aboutmyhealth.org)



## What is the thyroid gland?

The thyroid gland is a structure in your neck that produces a hormone called thyroxine, which regulates your body's metabolism.

Your surgeon has suggested a thyroidectomy to remove most, or all, of the thyroid gland. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

## Why has a thyroidectomy been recommended?

Your thyroid gland has become enlarged (thyroid goitre). This can cause an unsightly appearance, changes in your voice or a feeling of pressure in the neck, or affect your breathing or swallowing.

## What are the benefits of surgery?

Removing the gland will improve the appearance of your neck. It will also prevent or cure breathing or swallowing difficulties and improve any other symptoms caused by the enlarged gland.

## Are there any alternatives to surgery?

Surgery is not essential unless your symptoms are severe. It may be possible to treat your condition with medication such as thyroxine tablets.

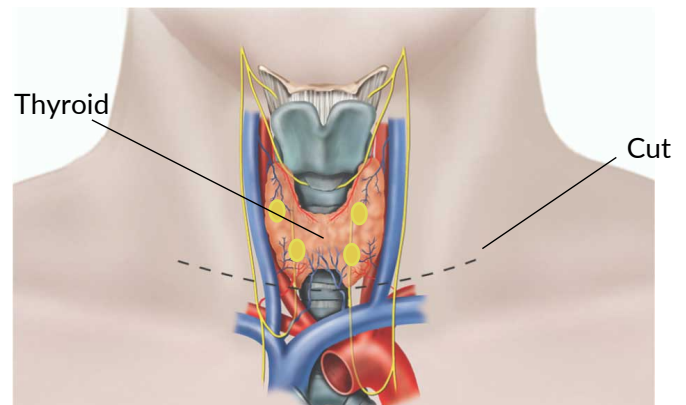
You can decide not to have the swelling treated.

## What will happen if I decide not to have the operation?

Your doctor will continue to monitor you and may recommend medication such as thyroxine tablets.

The gland may stay the same size or it could continue to grow and become more unsightly.

It may seriously affect your breathing or swallowing and any other symptoms may get worse.



A thyroidectomy

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes 90 minutes to 2 hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut on your neck in the line of one of your skin creases. The cut is usually about 5 centimetres long but may need to be bigger depending on the size of your thyroid gland.

Your surgeon will remove most, or all, of the thyroid gland. They will stitch the deep tissues and close your skin to leave a neat scar.

Your surgeon may insert a drain (tube) in your wound to drain away blood that can sometimes collect. The drain will usually be removed after 1 to 2 days.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as

well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise social distancing and hand washing and wear a face covering when asked.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These

health problems include diabetes, heart disease or lung disease.

Some complications can be serious and in rare cases can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Infection of the surgical site (wound) (risk: less than 1 in 100). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

### Specific complications of this operation

- Bleeding during or after the operation. This can cause you to be bruised or blood to collect in your wound (haematoma). Bleeding in your wound can be serious if it leads to swelling in your windpipe (trachea) (risk: less than 1 in 80). You may need another operation to stop the bleeding and remove the blood.
- Change in your voice. Slight, temporary changes are common (risk: 30 in 100). There are nerves in your neck that supply your voice box, running close to the thyroid gland, that can be damaged or stretched. This can cause a hoarse or weak voice, difficulty singing and shouting, high-pitched sounds or voice fatigue (where your voice gets weaker throughout the day). This usually gets better within a few weeks. In some cases the changes may be permanent (risk: 1 in 100).
- Drop in calcium levels in your blood caused by bruising or removing the tiny parathyroid glands, if both sides of the thyroid gland are removed. A small drop in calcium levels often does not cause symptoms. If there is a big drop in your calcium levels, you may feel muscle cramps and a tingling sensation around your mouth. Rarely, the drop in your calcium level can be severe and you may need calcium given through a tube inserted in a vein in your arm. You may need long-term calcium supplements (risk: less than 7 in 100).
- Thyroid hormone levels in your blood may drop, particularly if most, or all, of the thyroid has been removed. You may need replacement treatment with thyroxine tablets and your blood levels will be monitored for life. The risk of needing long-term thyroxine treatment is lower if only half of the thyroid is removed, and you have never had surgery to the other half (risk: 15 to 20 in 100). You will need to have a blood test a few weeks after your operation to check if you need thyroxine tablets.

- Breathing difficulties, if there is damage to nerves on both sides of your neck, serious swelling around your neck or if your windpipe (trachea) collapses. This is serious but rare. You may need a tracheostomy to place a breathing tube in your windpipe.
- Aspiration problems, where food enters your windpipe instead of your oesophagus (gullet) when you swallow, making you cough. This can happen if one of the nerves in your neck that supply your voice box is damaged. If this happens, your doctor will arrange further tests and treatment.

### Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- Unsightly scarring of your skin, although the scar usually heals as a fine white line.

### How soon will I recover?

#### In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You should be able to go home after 1 to 2 days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

#### Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to work and normal activities after about 2 weeks, depending on how much surgery you need and your type of work.

It is normal to feel tired in the first few weeks, particularly in the afternoon.

Regular exercise should help you to return to normal activities as soon as possible. Before you

start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

## The future

Most people make a full recovery and can return to normal activities.

The healthcare team will usually arrange an appointment for you within a few weeks. The tissue that your surgeon removed will have been examined under a microscope. Your surgeon will tell you the results and discuss with you any treatment or follow-up you need.

You will need your thyroid hormone levels checked regularly and you will usually need replacement treatment with thyroxine tablets.

## How much will the operation cost?

Your doctor will give you information to make sure you understand the expected costs to you of having this procedure, as well as your choices for having it done through the public hospital system or at a later time.

## Summary

Thyroid goitre can cause an unsightly appearance, changes in your voice or a feeling of pressure in the neck, or affect your breathing or swallowing. A thyroidectomy to remove the thyroid gland is sometimes recommended to treat this condition.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## Acknowledgements

### Reviewer

Roger Berry (MBBS, FRACS)

### Illustrator

Medical Illustration Copyright ©  
Medical-Artist.com