

# Total Thyroidectomy

## Completion Thyroidectomy

**Wound care:** Your wound will be covered with tape which should be left in place for about 2 weeks. The tape will be removed at your first postoperative visit. It is normal to notice some dried blood under the tape, you can shower with the tape in place and even get it wet. Once removed, the tape may need to be replaced and you will then need to change it every 5 days for the next 4 weeks in order to get the best possible cosmetic result. At your post-operative visit, Prof Sidhu will give you a take home pack with some spare tape. The preferred tape is silicone tape which can be obtained from your chemist.

**Activities:** You should generally restrict vigorous activities for 1 to 2 weeks following your surgery. Activities which involve turning the head suddenly, such as driving in heavy traffic should be avoided for 5-7 days post-surgery, 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 tightness, choking or having to force down food. Headaches and tiredness are also common as is weakness of the voice with prolonged use. Occasionally a symptom may last for months. Swelling of the neck around the wound is also common and may benefit from daily massage with Vitamin E cream. Numbness of the skin above the wound may be present and may last for many months.

**Late Complications:** these include wound infection and swelling under the wound due to bleeding. The latter is more common in patients on blood-thinners. **If your wound becomes very tight suddenly, go to your nearest hospital.** If you have gradual onset/mild tightness, see your GP. If there is also redness, it is likely you have an infection and require antibiotics.

**Follow up:** Generally, your F/U will consist of...

- A visit at 2 - 3 weeks to remove the tape & discuss results. You will need to ring the office if an appointment has not yet been made.
- A final surgical follow-up consult at 3 months.

*In addition*, you will need to be seen by your GP on a weekly basis to have blood Calcium level test, and to have your calcium supplements gradually reduced (see at right —>). You will also need to be reviewed by your GP or endocrinologist at about 6 weeks after surgery and have thyroid function tests to check your thyroxine (Oroxine) dose, which may need to be adjusted (see “*Thyroxine Medication*”). Your GP or endocrinologist may need to see you more frequently for specific review if there are any problems.

**Country Patients:** If you are unable to return to Sydney for follow-up, it may be possible for the tape to be changed and for your follow-up to be undertaken by your local doctor. Please contact us for advice.

**Thyroxine Medication:** You will need to take thyroxine for life. The initial dose will be checked by your endocrinologist or GP at 6 weeks and adjusted if necessary. Thyroxine is best **taken half an hour before breakfast** and **should not** be taken with your calcium supplements which are best taken with meals.

**Calcium Supplements:** A temporary drop in calcium levels is very common. The calcium level is checked in hospital and if it is abnormal, you will be sent home on just calcium supplements (Caltrate). If the calcium level is low, you may also be sent home on vitamin D tablets (Rocaltrol) in addition. You will need to see your local doctor every week after discharge to have a blood test and to have the calcium levels checked. If, at each visit, the calcium level in the blood is normal, then the dose needs to be reduced according to the protocol at right. **Please give this protocol to your GP.**

**IF YOU HAVE BEEN DISCHARGED ON CALCIUM AND/OR ROCALTROL MEDICATION, PLEASE DETACH THIS PAGE AND GIVE IT TO YOUR GP ONE WEEK AFTER DISCHARGE**

Dear Doctor,

Your patient has been discharged on calcium supplements following their thyroid surgery. They have been asked to see you on a weekly basis to have their serum calcium levels checked and their medication reduced according to the below protocol.

**If your patient is just on Caltrate tablets...**

- On discharge they will normally be on:  
2 Caltrate twice a day
- If calcium is normal at one week reduce to:  
1 Caltrate twice a day
- If calcium is normal the next week reduce to:  
1 Caltrate daily
- If calcium is normal the next week:  
Cease Caltrate

**If your patient is on Caltrate + Rocaltrol...**

- On discharge they will normally be on:  
2 Caltrate twice a day + 2 Rocaltrol twice a day
- If calcium is normal at one week, reduce to  
1 Caltrate twice a day + 1 Rocaltrol twice a day
- If calcium is normal the next week reduce to:  
1 Caltrate daily + 1 Rocaltrol daily
- If calcium is normal the next week reduce to:  
1 Caltrate daily
- If calcium is normal the next week:  
Cease Caltrate

***DOCTOR, IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE DO NOT HESITATE TO CONTACT PROF SIDHU – DETAILS ARE OVERLEAF.***

## Professor Stan Sidhu

ENDOCRINE SURGEON

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## ENDOCRINE SURGICAL UNIT

*Professor Stan Sidhu*



## POSTOPERATIVE INSTRUCTIONS

**TOTAL THYROIDECTOMY  
COMPLETION THYROIDECTOMY**

