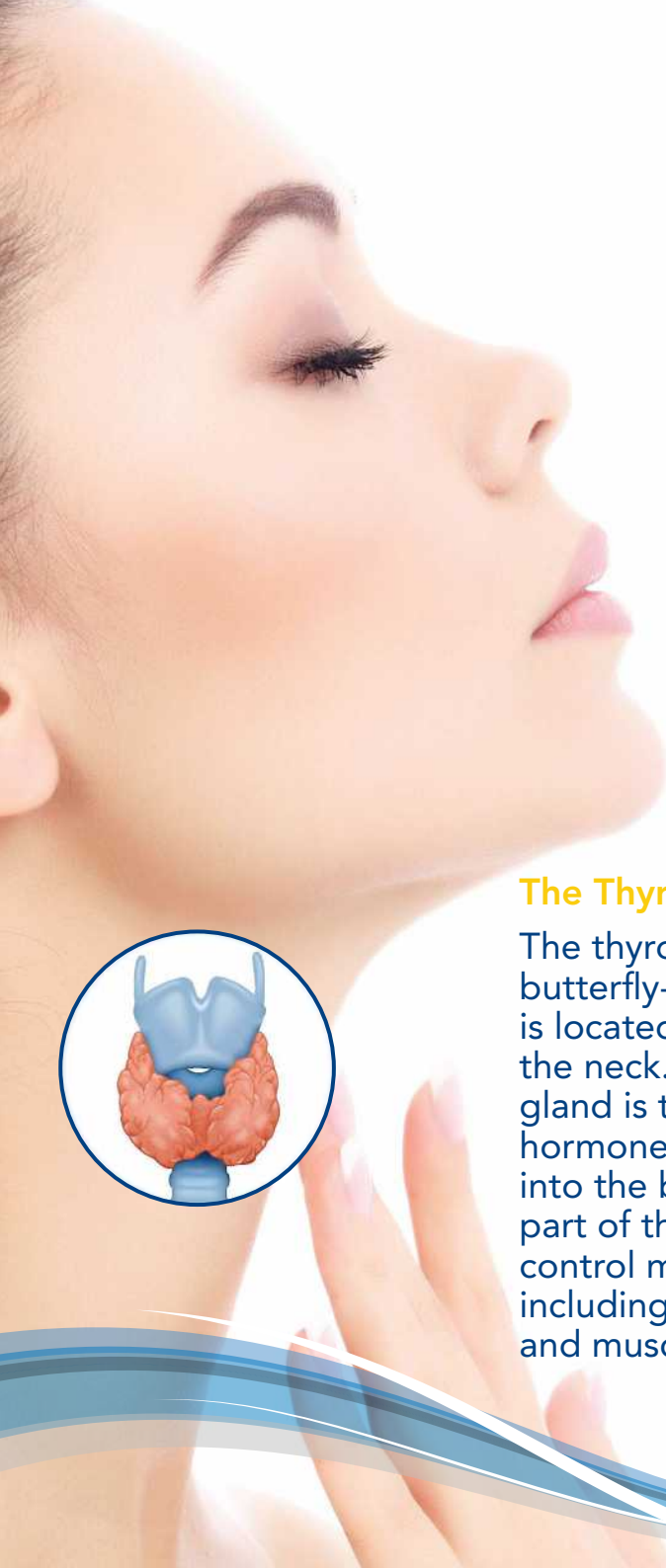


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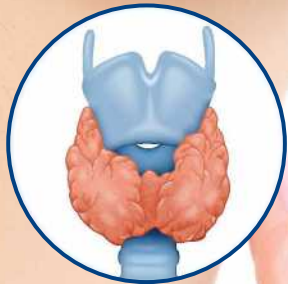
Thyroid Surgery

A member of the NUHS



The Thyroid Gland

The thyroid gland is a butterfly-shaped gland that is located in the lower part of the neck. The function of the gland is to produce thyroid hormones which are secreted into the blood, affecting every part of the body. It helps to control many body functions including the brain, heart and muscles.



Why do I need surgery?

The reason for surgery of the thyroid gland will be discussed by your doctor and this usually depends on the problem. Surgical treatment is generally recommended for the following thyroid problems:

- Overactive thyroid disease (Grave's disease) that is not responding to treatment with oral medications
- Large thyroid nodule or goiter causing pressure on the neck, resulting in symptoms such as difficulty in breathing or swallowing
- Large, unsightly thyroid nodule or goiter
- Recurrent thyroid cyst
- Suspicion of thyroid cancer



Are there any alternatives to surgery?

This will be discussed if surgery is not in your best interest. The most common problem where this scenario is encountered, is in overactive thyroid gland (hyperthyroidism) and patients may be prescribed radioiodine or oral medications on a long-term basis. There are no effective oral medications in the management of thyroid lumps or cancers.



Types of surgery

There are two types of surgery – hemi thyroidectomy or total thyroidectomy.

- Hemi thyroidectomy involves removing half of the thyroid gland or one lobe.
- Total thyroidectomy refers to the removal of the whole gland.

The decision to remove half or a full gland will be discussed with you. Both operations are performed under general anaesthesia. You will be seen by an anaesthetist for a general health check to ensure you are fit for surgery and to arrange for tests and investigations if required.



What does the operation involve – a small or big scar?

On the day of surgery, you will have a mark on your neck to indicate the correct side of the gland to be operated on. Following your anaesthesia, an incision will be made in the lowest part of your neck and the length of the cut is usually around 1 to 2 inches but this may be slightly longer in cancer surgery or large goiters to safely remove the thyroid gland. The surgery may take anywhere between 1 to 4 hours. Keyhole surgery may also be performed through the armpits to avoid a scar in the neck. This can be done with small keyhole instruments or with a surgical robot.

At the end of the operation, the surgeon may place a drain (plastic tube) through the skin to prevent any excess fluid collection under the skin. Most patients require a 24 to 48 hours stay in hospital after the operation, before the drain can be removed and they are able to go home. Most patients do not experience much pain after the operation and usually need basic painkillers only.

What are the risks of surgery?

Complications in thyroid surgery are rare but the following may occur:

Voice problems:

This is seen in less than 5% of patients undergoing thyroid surgery, which is due to injury to recurrent laryngeal nerve which innervates the voice box. This may be temporary or more rarely, permanent. A few people may find they cannot sing well due to damage to another smaller nerve (superior laryngeal nerve). There could be some non-specific reasons for complications – intubation, etc. To reduce this complication, we perform neuromonitoring (a special tube to monitor the function of the nerves during surgery).



Low calcium levels:

A low calcium level is a problem seen after the whole thyroid gland is removed and this may be due to an injury to the parathyroid glands (2 on each side of the thyroid gland) which control calcium levels in the blood. If the calcium level drops, you may experience a tingling sensation in your fingers or lips. This is usually temporary, but can be permanent. Around 5% of patients who have undergone total thyroidectomy may require long-term treatment. These patients will need calcium supplements permanently and will need to monitor their blood calcium levels at regular intervals.



Hypothyroidism:

Patients who have the whole thyroid gland removed (total thyroidectomy) will need thyroid hormones (thyroxine) for life. Few patients (10%) with lobectomy / hemi thyroidectomy also develop underactive thyroid post-surgery and will need thyroxine for life. Your thyroid blood tests will be checked every 6 months or so, and adjustment to the thyroxine dosage may be necessary.



Bleeding:

This is a rare complication causing neck discomfort or in severe cases breathing difficulties, and you may need to undergo another surgery to control it. The rate of reoperation for haemorrhage is less than 1%.



Neck scar:

The scars usually heal well although it can take 6 months to reach its final appearance. The scar may occasionally become relatively thick.



Tracheostomy:

This is an extremely uncommon problem and may be necessary if recurrent laryngeal nerves on both sides are injured, leading to breathing problems.



What happens after the operation?

Most patients are discharged 1 to 2 days after surgery. You may have a drain inserted in your neck to drain any excessive fluid called a seroma. This is usually removed the next day. You may expect some bruising and swelling around the wound for a few days. If you develop a tingling sensation in your body especially around your lips and mouth, this is a sign that your calcium levels are low. Quickly take a glass of milk, which is rich in calcium, to increase your blood calcium levels and visit the emergency department.

Work

You should be able to return to light work after 2 weeks and heavy / lifting jobs after 4 weeks.

Driving

You should be able to resume driving in a week or two if you feel alert and have no other problems. Please check with your doctor.

Exercises

Exercising the neck reduces stiffness. To prevent this, you will be given instructions on neck movements after surgery. This should be done gently without triggering any pain. Performing these simple exercises will not reopen the wound.

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Closed on Sat, Sun & Public Holidays



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