



DALLAS
ENT
GROUP

Adult and Pediatric Otolaryngology
12720 Hillcrest Rd, Suite 900
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Thyroid Surgery Instructions

Your surgeon has recommended surgery to remove part or all of your thyroid gland. Below are important instructions regarding your surgery. Although your surgeon will discuss these with you, it is essential that you read these and ask questions as necessary to understand them.

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, stop taking any aspirin, aspirin products, or blood thinners of any kind **10 days prior** to surgery. Tylenol is generally okay.
- **IMPORTANT:** If your physician has placed you on a daily dosage of aspirin or other blood thinners (Coumadin or Plavix, etc), **please check with your prescribing doctor regarding appropriate instructions for preoperative and postoperative use. Notify our office in advance if you are on blood thinners.**
- Do not eat or drink anything after midnight **THE DAY BEFORE SURGERY.**
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital pre-op staff during the pre-surgical evaluation.
- Please make arrangements for transportation to the hospital on the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- There will be some swelling and bruising around the incision after surgery. The neck will be rather stiff, and this may persist 1-2 weeks.
- Most patients will need to be hospitalized overnight after the surgery. Longer hospitalization is sometimes necessary.
- Nausea and vomiting can occur for up to 24 hours after the surgery. If this persists, please call our office.
- Some swelling around the incision is normal. However, if there is any sudden significant increase in neck swelling, apply an ice pack to the neck and call our office. If the office is closed, the answering service will direct your call to the surgeon or the on-call physician for further assistance. If you are having any difficulty breathing; call 911 or go to Medical City Dallas emergency room.
- Notify our office immediately if you experience any tingling and cramping in the face, arms or legs.
- Patients sometimes will experience low-grade fevers after surgery that may persist for one to two days. Temperatures can reach as high as 102°F to 104°F, but usually will resolve with Tylenol and fluids. If you have a high fever (greater than 101°F) that lasts longer than 24 hours without any improvement, you will need to notify the office.



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- At any time during the post-op period, please call the office if you have any questions or concerns about excessive bleeding, breathing difficulty, pain, persistent fever, nausea, swelling, or other concerns that seem out of the ordinary from what you have discussed with your surgeon.

Activity:

- Bed rest and very light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may increase your chances of postoperative bleeding. If you have questions about certain activities, please ask us.
- Try to keep your head elevated during sleep for at least 3 days after surgery. Sleeping on 2 or more pillows is effective. A recliner chair is also an excellent option.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 1 full week after surgery.

Diet:

- You may begin eating regular foods as tolerated; however, it is not essential to begin taking solid foods right away. There may be some slight difficulty with swallowing for a few days after the surgery, but this should improve.

Medications:

- If taking blood thinners, you may begin taking them again **48 hours after** surgery, unless the surgeon tells you differently.
- You will be treated with pain medications after discharged from the hospital, and this should relieve any discomfort that you may experience. As your discomfort lessens, you may switch to regular Tylenol (acetaminophen). Do not combine Tylenol with your prescription pain medicine, as this already contains Tylenol.
- Unless aspirin has been prescribed as a daily medication, do not take aspirin or ibuprofen-like products (NSAIDS) as they may cause bleeding. These products include: Ecotrin, Bayer, Bufferin, Excedrin, Alka Seltzer, Goody's powders, Motrin, Nuprin, Advil, Aleve, and Naprosyn.
- Tylenol (acetaminophen) may also be taken for mild fever. If postoperative fever (<101 degrees) persists for more than 24 hours, notify the office.
- Antibiotics may be given during the postoperative period, particularly while you have a drain in the neck wound. Take all medications as prescribed for you by the physician. If you are nauseous, you can begin the antibiotics the day after surgery. Call the office for any adverse reactions to your medications (vomiting, diarrhea, rash, difficulty breathing or swallowing).



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Wound Care:

- Once the bandage (if any) has been removed, apply antibiotic ointment to the incision thickly at least twice daily. We recommend that you clean your incision with peroxide and Q-tips as needed to keep it from crusting. If the ointment appears to be causing any blistering or other local reaction, discontinue it and call our office.
- There may be a drain, which is typically removed 24-72 hours after the surgery. Drain care should be reviewed with you by the hospital nursing staff if you are to be sent home with a drain in place. The instructions should be straightforward, and most patients are easily capable of caring for the drain until it is removed. Please ask questions if you are uncertain.
- Sutures are typically removed within 1 week after the surgery.
- After surgery, you may shower below the neck. Avoid showering above the neck until at least 48 hours after surgery. We strongly discourage soaking the incision in the bathtub, swimming pool, or hot tub until you have discussed this with your physician.

Follow-up:

- Typically, your surgeon will see you again in the office approximately 1 week after surgery to reexamine your incision. Please call us as soon as possible after surgery to make the follow-up appointment.
- In order for you to receive the maximum benefit from surgery, please keep your postoperative appointments. If a conflict in your schedule arises, please call the office as soon as possible and reschedule your appointment.

POSSIBLE RISKS AND COMPLICATIONS:

As with any surgical procedure, there is a risk of bleeding, infection, scarring and unforeseen complications. In particular with thyroid surgery, there is risk of damage to the nerves supplying the voice box. Such nerve injury could result in hoarseness, voice changes, or changes in swallowing. Total removal thyroid gland removed will mean that you will need to be on thyroid hormone pills for the rest of your life. However, there is also a small possibility that you would need to take calcium medications for an indefinite period of time. There is also a remote risk of damage to surrounding blood vessels and nerves in the surgical area, and the complications that might follow this. There is also the risk of scarring from the incision.

If you have any questions regarding this procedure please discuss them with your surgeon prior to your operation. It is very important that you fully understand the alternatives, the risk, and the complications prior to signing the consent form. Your signature on the consent form verifies that you have read the above instructions, your questions have been answered, and wish to proceed with the surgical procedure.