

## Thyroidectomy or Partial Thyroidectomy (Hemithyroidectomy)

### *How to prepare and what to expect*

*Thyroidectomy or partial-thyroidectomy surgery (hemithyroidectomy) is done to remove all or part of your thyroid gland. This handout explains how to prepare for your operation and what to expect afterward.*

### How to Prepare

#### 1 Week Before

Starting 1 week before your surgery, do **not** take any aspirin or other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin, and others) and naproxen (Aleve, Naprosyn, and others). See the attached sheet for more information.



*After surgery, you will need to see your provider for follow-up visits.*

#### 1 Day Before

- **Arrival time:** The pre-surgery nurse will call you by 5 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the nurse by 5 p.m., please call the clinic.

The nurse will tell you when to come to the hospital and where to check in. The nurse will also remind you:

- Not to eat or drink after a certain time
- Which of your medicines to take or not take
- To sip only enough water to swallow your pills
- **Shower:** Take a shower the night before your surgery. Use the special antibacterial soap your nurse gave you to wash your body.
  - Do **not** use the special soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair.
  - After showering, use clean towels to dry off, and put on clean clothing.

## Day of Surgery

### At Home

- Take a 2nd shower using the antibacterial soap. Follow the same instructions as you did for your shower the night before.
- Follow the instructions the pre-surgery nurse gave you about taking your medicines. Take any pills with **only** small sips of water.

### At the Hospital

While you wait to go into the operating room, you will be covered with a heating blanket. This warms your body and reduces your risk of infection. Ask for a heating blanket if you do not receive one.

## What to Expect After Your Surgery

### Hospital Stay

Most patients stay 1 night and the next day in the hospital after this surgery.

### Incision Care

You will have an incision at the base of your neck. It will be closed with *sutures* (stitches). Some types of sutures dissolve over time and do not need to be removed. If you have sutures that do not dissolve, they will be removed in 7 to 10 days at your follow-up clinic visit.

It is important to keep the incision area clean. If there are *Steri-Strips* (pieces of white tape) over your wound, leave them in place for 1 week.

Your incision may be red and raised. Most times, it will flatten and fade in about 6 months.

### Drain

You may have a drain placed below your incision. This drain allows your nurses to monitor for bleeding and helps remove the fluid that builds up after surgery. The drain will be removed before you go home.

### Eating

You will most likely be able to eat and drink normally the evening after your procedure. You may have an upset stomach from the *anesthesia* (sleeping medicine) given to you during surgery.

### Activity

- After the *anesthesia* (sleeping medicine) wears off and you are feeling up to it, you will be able to get up and walk. Moving around will help both your lungs and your circulation.
- For 2 weeks after surgery, avoid heavy lifting, straining, or activities that may increase your blood pressure.

## Return to Work

Most people who have this surgery return to work in about 1 to 2 weeks.

## Medicines

### Pain Medicine

You will be given pain medicine to take by mouth. You should have very little discomfort, but it is common to have a sore throat and a hoarse voice after surgery. This may last for 1 week or more. Talk with your provider if you have any concerns about pain.

### Calcium

You will not be able to go home until your calcium level is stable. You may need calcium supplements for a few days.

Some patients need blood tests after surgery to make sure their parathyroid glands are working normally. These glands control the amount of calcium in the blood.

### Thyroid Hormone

Depending on your surgery, you may need to take thyroid hormone every day for the rest of your life. Your surgeon will write your first prescription.

See your primary care provider or *endocrinologist* (doctor who specializes in hormones) for follow-up blood tests to check your thyroid hormone levels. Your dose may need to be adjusted over time.

## When to Call

Call your nurse or provider if you have:

- Any signs of infection in your incision:
  - Redness
  - Swelling
  - Increased pain
  - Bad-smelling discharge
- A fever higher than 101°F (38.3°C)
- Bleeding
- Nausea or vomiting
- Tingling around your mouth, fingertips, or toes

*This handout is authored by the Otolaryngology/Head and Neck Surgery Center at UW Medical Center.*

## Questions?

Your questions are important. Call your clinic or healthcare provider if you have questions or concerns.

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