



UW Medicine

## 甲状腺切除术或部分甲状腺切除术 (半椎体切除术)

如何做准备及其过程

甲状腺切除术或部分甲状腺切除术（半甲状腺切除术）是切除全部或部分甲状腺。本讲义为您解释如何做准备以及术后的护理。

### 如何做准备

#### 1 周前

- 手术前一周开始、**不要**服用任何阿司匹林或其他影响凝血的产品。其中两个是布洛芬（阿德维尔，莫特林）及萘普生（阿列夫，纳普辛）。有关更多资讯、请参阅所附列表。



#### 手术的前一天

手术后、您需要复诊来看您的医生

- **报到的时间:** 手术前的护士会在前一天下午 5 点之前打电话告诉您。如您在周一做手术、护士会在周五打电话给您。如您在下午 5 点还没有接到这个电话、请打电话给诊所。护士会告诉您何时来医院、在那里报到。护士也会提醒您：
  - 在特定的时间后就不可吃喝
  - 您服用的常规药物中有那些可以服用、那些不可服用
  - 仅以一小口水送服药物
- **淋浴:** 手术前的晚上淋浴。请使用护士给您的抗菌皂洗您的身体。
  - 请勿使用抗菌皂洗脸或头发。（请参阅肥皂附带的说明书）。请使用您一般使用的皂洗脸及洗发水洗头。
  - 用清洁的毛巾擦干身体后、穿上清洁的衣服。



手术后，您会回来门诊，与您的手术医生团队见面，以回答您的疑问。

## 手术的当天

- 请使用抗菌皂再次淋浴。遵照如前晚淋浴同样的指示。
- 按照手术前护士给您的服用药物说明服药。仅以一小口水送服药片。

## 在医院

在您等待进入手术室时、会给您盖加热毯。使您的身体变暖并降低感染风险。如您没有得到加热毯、请要求一条加热毯。

## 手术后的事项

### 停留在医院

这类手术后大多数患者住院一晚，第二天出院。

### 伤口的护理

- 您的颈部会有一个切口。用线（缝线）将它缝闭。
  - 某些类型的缝线是自溶性的、不需要拆线。
  - 如您的缝合线不溶解、将在您术后 7 到 10 天的复诊时拆线。
- 保持切口部位清洁是很重要的。如伤口上贴了免缝胶带（白色胶带）、请将它们留置 1 周。
- 您的伤口可能是红色的有些凸起的。大多数情况下、约在 6 个月内变平并消失。

### 引流袋

您伤口的下方可能有引流袋。这种引流可以让您的护士监测出血量并帮助清除手术后积聚的液体。在您回家之前、会将引流袋取出。

### 饮食

在手术后的当晚、您就能正常进食和饮水。在手术过程中给您的麻醉（睡眠药）可能会导致胃部不适。

### 活动

- 麻醉（睡眠药）药效减退后、如您感觉可以、您就可以起来走动。走动有助于肺部和血液循环。
- 手术后 2 周内、避免提拿重物、出力、或可能增高血压的活动。

### 返回工作

大多数接受这种手术的患者、约在 1 至 2 周内重返工作单位。

## 药物

### 止痛药

会给您开口服止痛药。您应该没有什么不适、但手术后喉咙痛和声音嘶哑是很常见的。这可能持续1周或更长时间。如您对疼痛有任何疑问、请咨询您的医护人员。

### 钙

在钙的水平稳定之前、您将无法回家。您可能需要补充几天的钙。

一些患者在手术后需要做血液测试、以确保他们的副甲状腺工能正常。这些腺体控制着血液中的钙含量。

### 甲状腺激素

根据您的手术、您可能需要终生每天服用甲状腺激素。您的外科医生会给您开第一张处方。

看您的基础保健提供者或内分泌专家(专门研究荷尔蒙的医生)做后续血液检查、以检查您的甲状腺激素水平。服用的剂量要按需要来调整。

### 何时需要与医生联系

如有下列状况请与您的护士或医护人员：

- 伤口有任何感染的症状：
  - 发红
  - 肿
  - 疼痛加剧
  - 分泌物有恶味
- 体温高于华氏 101°F (摄氏 38.3°C)
- 出血
- 恶心呕吐
- 口唇周围、手指尖、或脚趾有针扎的感觉

本讲义由华大 UW 医疗中心耳鼻喉科/头颈外科中心撰写。

### 您有疑问吗？

我们很重视您的提问。您有疑问或顾虑时、请致电您的医生或医护人员。

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## 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 surgery. If your surgery is 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.



After surgery, you will have a clinic visit with your surgical team to answer any questions you have.

## 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, we will cover you 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 in Seattle, WA.*

## Questions?

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

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