



**ENT Surgical Consultants** LTD.

Trusted and Experienced - Compassionate and Caring

Michael G. Gartlan, MD, FAAP, FACS

Rajeev H. Mehta, MD, FACS

Scott W. Divenere, MD

Sung J. Chung, MD

Ankit M. Patel, MD

2201 Glenwood Ave., Joliet, IL 60435  
(815) 725-1191, (815) 725-1248 fax

1890 Silver Cross Blvd.  
Pavilion A, Suite 435  
New Lenox, IL 60451  
(815) 717-8768

900 W. Route 6, Suite 960, Morris, IL 60450  
(815) 941-1972

[www.entsurgicalillinois.com](http://www.entsurgicalillinois.com)

## THYROID & PARATHYROID SURGERY

### General

Thyroid operations can be divided into several categories, including a lobectomy ("one-sided removal of the thyroid gland), total thyroidectomy (removal of both sides of the thyroid gland), or subtotal thyroidectomy (variations in which all of one side the gland and part of the other side of the gland are removed.)

### Hospital Course

Patients will usually spend one night in the hospital, have their drain removed on the morning after their surgery if placed, and go home. Calcium levels in your blood may be ordered twice daily if surgery was performed bilaterally.

### Wound Care

The incision created in a neck crease is closed with invisible dissolving stitches beneath the skin that do not need removal. The stitches typically take a few months to dissolve. Immediately after surgery, the incision is covered by steri-strips (tape) which are removed by our nurses at your one week follow up office visit. No wound care is needed during the first week. You may shower and get the incision wet 24 hours after your surgery. Once the steri-strips have been removed (a week after surgery), use of *Mederma® Scar Cream Plus SPF 30* or *Vitamin E oil* is recommended twice a day for 2 months for a better cosmetic result.

### Medications

You may take over the counter *acetaminophen (Tylenol)* after surgery for pain. You may take one to two of the regular strength tablets every 4 hours as needed for pain. You may be prescribed a narcotic pain medication that can be taken instead of *acetaminophen (Tylenol)* if required. Common side effects of all narcotics include drowsiness, nausea, and constipation. If you have had a total thyroidectomy, you will also be prescribed *levothyroxine* (thyroid hormone replacement) to be taken once daily to be taken indefinitely. You may be prescribed *calcium carbonate (Tums)* 2000 mg three to four times daily as well as *calcitriol (Vitamin D)* 0.25ug to be taken once daily at bedtime. These should be started immediately after surgery. It is helpful to take the calcitriol once daily at bedtime to prevent low calcium levels through the night.

After your first postop appointment, you will likely be instructed to wean off the calcium and calcitriol supplements if you have not experienced symptoms of low calcium. The weaning schedule of these medications is determined by your individual surgeon.

### Diet

Mild difficulty swallowing is expected after surgery. You may advance your diet from liquids to soft foods and then to regular food as the swelling gradually subsides the first week.

### Activity

Avoid strenuous exertion such as heavy lifting or cardio exercise for the first two weeks after surgery. Activities that don't involve heavy lifting or increasing the heart rate such as walking are not only safe but recommended. It is common to feel less energy for a few weeks after surgery that gradually improves.

### Driving

There are three conditions that must be met in order to resume driving after surgery. You must wait at least 24 hours after receiving general anesthesia, be completely off narcotic pain medication, and be able to turn your neck well to look for traffic.

### Complications

Many patients notice a subtle change in their voice quality for the first few weeks postoperatively. Although trauma to the nerves supplying the vocal cords on one or both sides of the voice box may occur during thyroidectomy, frank hoarseness or trouble swallowing is a very rare complication. If you have any concerns that your voice may be excessively hoarse or raspy, or if you are experiencing coughing or choking when you attempt to swallow, please immediately notify our office or 24-hour answering service.

A rare, but sudden, serious and potentially life-threatening complication after thyroidectomy is the formation of a hematoma due to internal bleeding. If you feel that there has been an abrupt swelling or outward displacement of the wound area in the lower neck, or if the neck wound suddenly starts exhibiting more tenderness, redness, bruising or boggiess than you would expect, you need to contact us immediately. If you feel any shortness of breath, you should proceed to the emergency room as quickly as possible.

For patients undergoing total or subtotal thyroidectomy, low calcium levels in the blood after surgery can occur due to manipulating or “bruising” of the parathyroid glands. The symptoms of low calcium levels would include tingling around the mouth or in the hands or feet, generalized weakness, muscle cramps or feelings of the heart exhibiting an abnormal rate or irregular beat. If any of these symptoms occur, please take extra doses of Tums and call our office immediately.

It is common to have swelling of the neck after surgery that is gradually improving, but please call our office if you notice redness, swelling, or discharge from the incision that is worsening rather than improving with time. Occasionally, the body will reject the dissolving stitches in the first few months after surgery. If you notice redness, swelling or discharge from the incision, notify your surgeon.

Calcium supplements and narcotics often cause constipation so use of over the counter *Colace* or *Miralax* can be helpful.