

Thyroidectomy-A brief note

Thyroid gland is located in the middle of the neck. It produces thyroid hormones which are essential for growth. In normal state it is small and not palpable. Surgery is required when it becomes large due to various reasons

Thyroidectomy is the surgical procedure designed to remove thyroid gland. There are different types of thyroidectomies. They are typed depending on the amount of thyroid gland removed as total, near total, hemi etc.

The type of thyroidectomy is chosen based on type of disease and extent of involvement of gland.

Thyroidectomy is undertaken on following conditions

- 1) Goitre- when thyroid gland becomes excessively large and medical management because ineffective in reducing the size
- 2) Thyrotoxicosis- Thyroid gland secretes hormones in excess producing deleterious effects on the body
- 3) Cancers- Thyroid gland contains focus of cancer

Three important tests are required before thyroidectomy. One is thyroid hormone evaluation. Thyroid hormone levels should be normal while undergoing surgery. If not it should be brought to normal with drugs. Second is ultrasound scan of thyroid gland. Third is FNAC of thyroid gland. These tests together will give an idea about nature and extent of disease. In large goitres CT Scan neck may be required.

Before Surgery Larynx should be examined to assess vocal cord movements.

Prior to surgery general medical status is assessed by blood investigations and ECG.

Details regarding past and present ailments, medications, allergies should be shared with the doctor. There will be restrictions regarding intake of food and fluid before and after surgery. It should be complied with. Please read document named **instructions to patients posted for surgery** for more information.

Surgery is usually done under general anaesthesia. Gland is approached through an incision made in the neck.

It takes one and a half to two hours usually.

According to nature and extent of disease hemi/near total/total thyroidectomy is done.

After surgery the patient is kept in post operative ward under observation for 3 hours and then shifted to room. In cases where further monitoring is required, the patient is shifted to ICU. Oral feeds can start 5 hours after surgery.

Analgesic and antibiotic are given usually. Patient is kept in the hospital for one day. There will be a drain (drainage tube draining blood and serum) sutured to skin. Once drainage comes to a negligible level, drain is removed and the patient is discharged.

Patient is advised to stay at home for 1 week. Body bath can be taken. Head bath is deferred till sutures removed on first postoperative visit. First postoperative visit is on the 7th day.

Histopathology report is ready by then. Further follow ups are required only if histopathology warrants periodic follow up and if the patient has any symptoms.

Complications are rare. Weakness of recurrent laryngeal nerve can occur. But it is rare.

Hematoma due to collection of blood can occur. It can lead to infection. Rarely hypocalcemia can occur.