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Thyroidectomy

What is a Thyroidectomy?

A thyroidectomy is a procedure in which the doctor surgically removes all or part of the thyroid gland.

When is it used?

A thyroidectomy may be performed when you have an overactive thyroid gland, thyroid nodules, or cancerous cells in your thyroid gland. If your doctor suspects cancer, a sample will probably be taken from the gland at the time of surgery and sent to the lab for analysis. If cancer is confirmed, your thyroid gland will be removed.

Alternatives to this procedure include:

- using thyroid medication; this may eliminate the benefit of a doctor being able to make a specific diagnosis
- using radioactive iodine isotope to treat an overactive thyroid
- needle aspiration of a nodule
- choosing not to have treatment while recognizing the risks of your condition

You should ask your doctor about these choices.

How do I prepare for a thyroidectomy?

Plan for your care and recovery after the operation. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow instructions provided by your doctor. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

A general anesthetic will be given to relax your muscles and keep you from feeling pain.

The doctor will make a cut in your neck and expose the thyroid gland. The doctor will clamp off part of the blood supply to the thyroid gland, remove all or part of the thyroid gland, and send it to the lab for immediate analysis.

When indicated, the doctor will receive a lab report during the procedure reporting whether the part of the thyroid is cancerous. Based on the results from the lab, the doctor may end the operation or may remove another part of the thyroid gland and close the cut.

What happens after the procedure?



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You may be in the hospital for about 1 or 2 days. You will have a scar on the front of your neck.

If the doctor removed all or a large part of the thyroid gland, you will have to take hormone medication for the rest of your life.

Ask your doctor what steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

You will no longer have the problem tissue in the thyroid gland.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your doctor.
- The nerves near the thyroid may be injured. These nerves are necessary in order to speak normally. If the nerves are damaged, the damage may be permanent, and your voice may be permanently hoarse.
- The parathyroid glands may be injured in this operation. The hormones produced by these glands control the amount of salts in the blood, such as calcium. You need to have the correct level of calcium and phosphorus in your blood to have normal nerve and muscle function. If the parathyroid glands cannot function after the operation, you may need treatment with calcium pills and/or hormones.
- If there was cancer, not all the cancer may be removed. The cancer may grow back.

You should ask your doctor how these risks apply to you.

When should I call the doctor?

Call the doctor immediately if:

- You develop a fever.
- You have difficulty breathing.
- You have uncontrollable muscle cramping.

Call the doctor during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

Special Instructions:



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