



Timothy Thomason, M.D.  
Constance Zhou, M.D.  
Otolaryngology—Head & Neck Surgery

Metroplex ENT & Allergy  
(972)253-4280

## **THYROID SURGERY**

### **What is the thyroid gland?**

The thyroid gland is located in the front part of the lower neck. It has two halves called lobes that are connected by a small band called the isthmus that crosses in front of the trachea. The gland produces thyroid hormone which regulates the overall metabolism of the body. If the thyroid is underactive (hypothyroid) then patients may experience fatigue, weight gain, lack of energy, low heart rate, constipation, brittle hair, dry skin, or cold intolerance. If the thyroid gland is overactive (hyperthyroid) then patients may experience fast heart rate, weight loss, inability to sleep, heat intolerance, or diarrhea.

### **Why does the thyroid gland need to be removed?**

The thyroid gland may need to be removed if there is a thyroid cancer, or if there is a nodule or lump in the thyroid and it cannot otherwise be determined if cancer is present. Very large nodules or goiters may need to be removed to relieve symptoms of pressure or difficulty swallowing. Autoimmune thyroid disease is sometimes also treated with removal of the thyroid gland.

### **What happens during surgery to remove the thyroid?**

The surgery is performed in the operating room under general anesthesia. Patients must not eat or drink anything after midnight prior to surgery. Patients should take regularly scheduled medications on the day of surgery unless otherwise instructed. The surgeon makes an incision in the neck overlying the thyroid gland. The incision can range in size from 1 ½ inches to 3 inches. The gland is then located and dissected out and removed surgically. The nerves that go to the larynx are identified and protected. The surgery can take anywhere from 1-3 hours. Patients stay overnight in the hospital one night and are ready for discharge home the following morning.

### **What are the risks of thyroid surgery?**

Most patients have surgery without any complications. There is a small chance of bleeding after surgery which results in a collection of blood under the skin that must be drained. There is a small chance of injury to one or both recurrent laryngeal nerves that could result in hoarseness, difficulty breathing, or difficulty swallowing. There is small chance of low blood calcium if the blood supply to the parathyroid glands is disrupted during surgery. Any of these complications are possible but very rare.

Texas law requires that we disclose the following risks associated with thyroid surgery: (1) Acute airway obstruction requiring temporary tracheostomy (creation of hole in neck to breathe). (2) Injury to nerves resulting in hoarseness or impairment of speech. (3) Injury to parathyroid glands resulting in low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness and muscle irritability. (4) Lifelong requirement of thyroid medication.



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**What should I expect after surgery?**

The neck will be sore with speaking and swallowing. However, patients may eat soft food the day after surgery. A drain is kept in place for a few days and removed in the office. Pain medicine and antibiotics are prescribed. Patients must avoid strenuous exercise or lifting greater than 15 lbs for two weeks after surgery. Patients may gently wash the incision area with soap and water starting 48 hours after surgery.

**Call your doctor immediately if they have:**

- Bulging swelling at incision site
- Severe pain
- Fever higher than 101°F
- Numbness, tingling, or muscle cramping
- Vomiting that lasts more than 6 hours
- Any other concerns not addressed here.