

General Instructions for Surgery

Pre-Admission Testing

All patients scheduled for surgery **must have the following tests done** at the facility of their choice up to 1 month before their planned surgery:

- Chem 7, CBC, PT, PTT
- EKG & Chest x-ray (age 45 and above, accepted up to 6 months prior to surgery)

The Day of Surgery

Please plan to arrive at La Peer Surgery Center or Cedars-Sinai Medical Center 2 hours prior to your surgery time. You will be called by the hospital or surgery center to confirm your surgery on the day prior to your surgery. If they have not called by 4:30 pm that day, please call **our office**.

Do not eat after midnight before your planned surgery. You can have clear liquids up to 8 hours before surgery. You may take your usual asthma, heart, blood pressure or seizure medication with a small sip of water that morning, unless otherwise advised. **Please do not take any aspirin or other over the counter pain medications for one week before your surgery.** You may use Tylenol in the week before surgery. If you are a diabetic, consult with your physician before taking your medication.

If you develop a cold, sore throat, fever or any illness, please call your surgeon's office prior to your surgery.

We hope that this pamphlet answers some of your questions about postoperative care after thyroid and parathyroid surgery. We encourage you to talk to your physician to learn more about your condition. Although individuals have different needs, most patients follow these guidelines for their operative course. Your surgeon will discuss your individual needs at the time of your pre-operative consultation. If you find that you have additional questions after your consultation, it is a good idea to write them all down.

Thyroid Surgery Post-operative Care

Thyroid & Parathyroid
Surgical Program

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Monitoring Your Progress

You should remain in bed for the first 24 hours after surgery. You should feel improvement every day after surgery. If you have any questions regarding your progress, call us right away. In addition, be sure to make an appointment to see your surgeon one week after your surgery.

Incision

Your incision is covered with a protective tape called **Steri-strip**. Apply an ice pack to the lower neck the first 24 hours. You can shower and wash your hair as usual the day after surgery, but do not soak or scrub the incision. The tape will start curling up at the edges in 3 to 4 days. Please pull the tape off 4 days after surgery. After the tape is removed, apply antibiotic ointment (Neosporin, Polysporin, or Bacitracin) to the incision twice a day for 5 days, then switch to vitamin E ointment twice a day and sunblock (SPF 35) in the morning for the next 2 months. Keeping the incision out of the sun will help it heal better and with less chance of scarring.

You might notice bruising around your incision or upper chest and slight **swelling above the incision** when you are upright. The swelling may remain for 3 to 4 weeks. In addition, the scar may become pink and hard. This hardening will peak at about 3 weeks and may result in some tightness or difficulty swallowing, which will disappear over the next 2 to 3 months. Firm massaging of the scar starting 2 weeks after surgery will help prevent this.

Thyroid Hormone Tablets after Surgery

If you were taking thyroid hormone tablets before your operation, continue with the same dose, unless your surgeon changes your dose. If you were not taking thyroid hormone prior to your operation, your internist or endocrinologist will prescribe these tablets following surgery.

During your postoperative visit, you may have a blood test to measure your levels of thyroid hormone and your dose of medication may be adjusted accordingly. Your thyroid hormone levels will then be measured

about every 2 months until your hormone levels are stable (levels generally stabilize in 4 to 5 months).

Those patients who undergo a **hemi-thyroidectomy** (removal of half of the thyroid), will need to have thyroid blood tests done one month after surgery to make sure the remaining half is producing enough hormone.

Pain

The main complaint following thyroid surgery is sore throat and pain with swallowing. This pain can persist for 3 to 4 days. Tylenol can generally control this pain. Some people prefer Vicodin, but usually strong medications are not necessary.

Voice

Your voice may go through some temporary changes with fluctuations in volume and clarity (hoarseness). Generally, it will be better in the mornings and "tire" toward the end of the day. This can last for variable periods of time, but should clear in 4-6 weeks.

Cough

Because your operation was done under general anesthesia, you may feel like you have phlegm in your throat. This is usually because there was a tube in your windpipe while you were asleep that caused irritation that you perceive as phlegm. You will notice that if you cough, very little phlegm will come up. This should clear up in 4 to 5 days.

Activity

Swimming is the only major restriction. In general, your activity level depends on the amount of discomfort you experience. You can resume sports activities 4 weeks after surgery. Most patients are able to return to work within the first two weeks, and you are able to drive as soon as your head can be turned comfortably (this limitation is for driver safety).

Hypocalcemia

In about 8% of patients who have their **total thyroid** removed, the parathyroid glands do not function properly immediately after thyroid surgery, the so-called "parathyroid shock". This is usually temporary and causes the blood calcium level to drop below normal (hypocalcemia).

Symptoms of hypocalcemia include:

- 1. Numbness and tingling in your hands, soles of your feet and around your lips.**
- 2. Some patients experience a "crawling" sensation in the skin,**
- 3. muscle cramps or**
- 4. severe headaches.**

These symptoms appear between 24 and 48 hours after surgery. It is rare for them to appear after 72 hours.

Hypocalcemia Prevention

Symptoms can generally be prevented by taking:

- **First 14 days after surgery** - 2000 mg of calcium 2 times daily (Citracal, or Oscal without vitamin D), and Rocalcitrol (special form of Vitamin D) once daily for.
- **After the 14th day** - reduce calcium to 2000 mg daily, and continue Rocalcitrol once daily for the next 2 weeks.

Hypocalcemia Symptom Treatment

At any point if symptoms develop, you should take an extra 2000 mg of calcium and Rocalcitrol and call your doctor as soon as possible.

Bleeding

It is common to have some bruising around the incision area. If bleeding occurs, you will notice immediate swelling in the neck and difficulty breathing. This is extremely rare but it is an absolute emergency. If it does occur, immediately call 911.