

Thyroid & Parathyroid Surgery – Frequently Asked Questions

How long will the operation take?

Thyroid and parathyroid operations generally take between one to three hours.

Will I need a general anaesthetic?

This type of surgery requires a general anaesthetic in order to stop muscle movement during the delicate dissection. Often the anaesthetic is supplemented by local anaesthetic or a nerve block, this may result in you having a numb face and ear for 24 hours afterwards.

How long will my incision be and where will it be placed?

For open thyroid or parathyroid surgery the scar is a curved line in the "collar" position, about 2cm above the collar bone. The length varies depending on the size of the lump removed. For minimally invasive surgery the scar is only 2 to 3cm long and is placed on the side of the neck in the line of the sternomastoid muscle directly over the lump to be removed.

How will my scar heal?

Your wound will be closed with dissolving stitches under the skin (these will not need to be removed). The incision will have a small water proof dressing on so you can shower normally and this should be left intact for around 2 weeks until you see your surgeon. At your post-operative visit the dressing will be removed, this is a painless process and will not worry you.

You may notice that your neck is slightly numb and the wound will be thickened and slightly swollen for around 3 months. Your surgeon will advise you on the best way to manage your wound, it may involve gently massaging moisturiser cream into the neck or supporting the wound with Micropore Tape which you will replace each day. After 3 months scars are often red and visible and then they gradually fade. It may take 12 months before the scar fully heals to a fine white line in the neck.

How long will I be in hospital?

Minimally invasive surgery is generally performed as a day-only or overnight stay procedure. Open thyroid and parathyroid surgery usually requires only a one night stay in hospital, however if all the thyroid gland is removed, or more than one parathyroid gland needs to be removed, two nights may be required.

Can I eat and talk after surgery?

You can generally talk straight after surgery and, depending on your reaction to the anaesthetic, you should be able to have a light meal the same evening. However many patients are aware of some difficulty getting food down (like "swallowing over a step") for months after surgery. This always gets better with time. Minor voice changes after neck surgery are common and usually settle within days but may persist for some weeks. Permanent, major change to the voice (hoarseness) may occur due to damage to the nerves to the voice box but this complication is rare (<1%).

How long will I need off work?

On average most people require around 2 weeks before returning to normal activities however each individual is different. After minimally invasive surgery you will generally be back to normal activities within one week.

What about neck stiffness and exercises?

Some neck stiffness is common as a result of the prolonged extension (backward tilting) of the head under the anaesthetic. The exercises recommended will reduce it but it may last for some weeks and require physiotherapy as well.

Will my parathyroid glands be taken out with my thyroid?

If you are having thyroid surgery ("thyroidectomy") then every attempt is made to preserve all your parathyroid glands. Mostly they are left in place with their blood supply attached but, if that is not technically possible, they may need to be removed and transplanted into the adjacent muscle. Sometimes very small parathyroid glands are buried under the thyroid capsule and cannot be identified at operation and so get taken out with the thyroid specimen. Transplanted parathyroid glands take between 6 weeks to 6 months to recover, however the body can generally get by with just part of one parathyroid gland if necessary.

Will I need to take thyroid hormone tablets after my surgery?

If you are having a total thyroidectomy (removal of the whole thyroid gland) you will need to take thyroid hormone. After a hemithyroidectomy (removal of half the thyroid) the other side will generally function adequately however around 10% of people will require thyroid hormone supplements. For those that need to be on thyroid hormone this will be a lifelong requirement. Thyroid hormone tablets are taken once daily and once at a stable level are simply controlled by a yearly blood test. They have no side effects as they are replacing the natural thyroid hormone of the thyroid gland would otherwise normally be producing.

Would it be better to leave a small part of the thyroid gland to avoid having to take thyroid hormone tablets?

No. The risk of recurrent disease, whether it is multinodular goiter, tumour or over activity, is high and you may well require repeat surgery which carries a much higher risk.

What does the thyroid gland do?

The thyroid gland is an essential endocrine gland in the body. It secretes thyroid hormone which has a key role in controlling the body's overall metabolism. It plays a role in controlling most body functions including the heart and cardiovascular system, the brain and neurological system, the gastrointestinal system, bones, growth and body weight, the female menstrual cycle, the body's temperature. Therefore under activity, amongst other things, may cause weight gain, and overactivity of the thyroid may cause weight loss, amongst other features.

Will I require calcium tablets after my surgery?

It is routine to require some Caltrate (calcium) tablets after total thyroidectomy, occasionally you may require vitamin D tablets as well. In most cases these supplements will be weaned off over a period of a few weeks. It is rare (1-2%) to require long term calcium supplements after thyroid surgery.

Occasionally you may require Caltrate tablets after parathyroidectomy. As your calcium levels return to normal you may develop some pins & needles, numbness or tingling in your fingers or lips. If this occurs the Caltrate tablets or a glass of milk will alleviate your symptoms, this is generally a temporary situation. Your endocrinologist may place you on Caltrate or vitamin D supplements after your surgery if they are concerned about your bone density.

If you have any other questions you should contact your surgeon or the endocrine surgery registrar at the hospital.