

General Information

Symptoms after thyroid surgery

It is common to experience one or more of the following symptoms following total thyroidectomy. These symptoms are usually mild to moderate, improving over weeks to months. So if you experience prolonged symptoms, please discuss with Mr Lee or your GP.

- Pain around the wound and / or neck muscles - usually settles in 1 to 2 weeks
- Tightness and choking sensation in the throat
- Numbness and / or swelling around the wound
- Weakness of the voice
- Difficulty swallowing
- Headaches and tiredness

If you experience difficulty breathing, rapid swelling in the neck or muscle spasms, please go to the nearest emergency department immediately, or call the ambulance.

Wound Care

When you are discharged from hospital, you will have a white tape over your wound. Please leave it in place until you return for your first review appointment in 1 - 2 weeks' time. You can shower with the tape in place, just gently dab dry. Please do not be alarmed if it becomes a little blood stained. It is common for the skin around the wound to become swollen over the week after surgery. However, if it becomes red, hot and painful, it may have become infected. This is very uncommon. But if it occurs, please see your GP or Mr Lee to see if you need antibiotics.

The tape on your wound will be replaced at your first follow-up appointment with Mr Lee. The wound should continue to be taped for 3 weeks to promote optimal healing. The 1/2 inch skin tone Micropore tape can be obtained at your local chemist. Daily massage of the wound with Vitamine E cream can reduce the swelling as well as improving the appearance of the scar.

Activities

Vigorous activities should be avoided for at least 3 weeks after surgery. Driving should also be avoided until you can comfortably and swiftly turn your head without pain. Ease yourself back into various activities when the neck pain and stiffness settle.

Medications

For pain

You will be discharged with pain medications. They can be weaned off as soon as possible.

Thyroid hormone replacement

You will need to take thyroxine (Oroxine / Eutroxig) for life. Thyroxine is best taken half an hour before breakfast on an empty stomach. After the first 4 - 6 weeks, you will need to have a blood test to check your thyroid hormone level. This can be arranged by your GP or endocrinologist, who will also adjust the thyroxine dose if necessary.

Calcium supplementation

This is usually weaned over the first few weeks after surgery. You will need to see your GP to have your blood calcium level checked and the dose adjusted on a weekly basis. Calcium tablets should be taken with meals.

Other medications

You may also need to take other medications as necessary, such as laxatives if you experience constipation with the pain medications, or Vitamine D supplements if your calcium level is very low. Mr Lee or your GP will discuss these with you.

Country Patients

If you are unable to return to Melbourne for follow-up, you will need to arrange all follow-up with your GP. Please discuss this with Mr Lee prior to discharge.

Dear Doctor,

Thank you for your care of this patient who has had a total thyroidectomy, and has been discharged on calcium supplements. The patient has been asked to see you for weekly serum calcium levels, and have the calcium supplements weaned according to the protocols overleaf. Please do not hesitate to contact me should you have any queries or concerns.

If your patient is only on Caltrate

On discharge, they are normally on:

Caltrate 2 tablets, twice daily

If calcium is > 2.0 mmol/L at one week, reduce to:

Caltrate 1 tablet, twice daily

If calcium is > 2.0 mmol/L the next week, reduce to:

Caltrate 1 tablet, daily

If calcium is > 2.0 mmol/L the next week:

Cease Caltrate

If your patient is on Caltrate and Calcitriol

On discharge, they are normally on:

Caltrate 2 tablets, three times daily &

Calcitriol 2 tablets, twice daily

If calcium is > 2.0 mmol/L at one week, reduce to:

Caltrate 2 tablets, twice daily & Calcitriol 1 tablet twice daily

If calcium is > 2.0 mmol/L the next week, reduce to:

Caltrate 1 tablet, twice daily & Calcitriol 1 tablet daily

If calcium is > 2.0 mmol/L the next week, reduce to:

Caltrate 1 tablet, daily & Cease Cacitriol

If calcium is > 2.0 mmol/L the next week:

Cease Caltrate

These instructions are for:

TOTAL THYROIDECTOMY

Calcium Management Protocol

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Follow-up Appointments

With your GP

It is essential that you see your GP **weekly** after the surgery to have blood tests to check the calcium level in order to wean the calcium supplementation. This process will take at least 3 weeks. Your GP can also help answer any questions or concerns you might have regarding the surgery. If you do not see an endocrinologist, your GP will also check your thyroid function about 6 weeks after surgery.

With Mr Lee

Your first appointment to see Mr Lee will be made approximately 2 weeks after surgery. Please ring (03) 9246 6466 to confirm your appointment.

Any subsequent appointments will be made after your first follow-up visit.

With your endocrinologist

You should also return to see your endocrinologist approximately 4 - 6 weeks after surgery to have your thyroxine level checked and adjusted. You may also need to discuss other treatments at the time.

Your Next Appointment with Mr James Lee

Date:

Time:

Location:

TOTAL THYROIDECTOMY

Discharge Information

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