



Division of General & Gastrointestinal Surgery

PATIENT DISCHARGE INSTRUCTIONS FOLLOWING

TOTAL THYROIDECTOMY

DIET

- You may have temporary throat discomfort or difficulty swallowing. This is due to the surgery around your larynx (voice box) and esophagus (swallowing tube). These symptoms will gradually improve over the course of several weeks.
- Drink and eat foods that can be swallowed easily, e.g. juice, soup, gelatin, applesauce, scrambled eggs or mashed potatoes.
- You may be able to return to your usual diet in a couple of days.

ACTIVITY

- Most patients are able to return to a full-time work schedule in 1-2 weeks; however this may vary according to your job. It may take longer to return to heavy physical or other demanding work, or shorter if you are feeling well.
- Do NOT drive a car until you are able to turn the neck side to side, which may take 1-2 weeks.
- Do NOT drive while you are taking pain medicines.

PAIN MANAGEMENT

- We will supply you with a prescription for a mild narcotic pain medication. You are not required to take it. If you do take it, please do not drive or drink alcohol as these in combination may make you drowsy. Most patients do not need strong pain medicine by the time you leave the hospital. You can take Tylenol (acetaminophen) or ibuprofen (e.g. Advil) as needed.

HORMONES AND MEDICATIONS

- Take 2 over the counter calcium supplements three times daily. This will result in a total daily dose of 1500-2000 mg of calcium, as most supplements have 500-600 mg elemental calcium per pill. You may take over-the-counter Citracal, TUMS, Viactiv, or any supplement that has 500-600 mg elemental calcium per pill. They are all equivalent. Please note that it is common for the calcium level to be low following removal of the thyroid, and you may experience numbness or tingling, which is a sign of low calcium. If this happens, it should improve when you take your calcium supplements. If it does not, please call your doctor.

- Take your thyroid hormone (e.g. Synthroid, Levoxyl, Cytomel) as prescribed when you go home. These medications are identical to the hormone made by the thyroid. Calcium and thyroid hormone should be taken 1-2 hours apart. Thyroid medication should be taken on an empty stomach.
- Please resume your pre-hospital medications. You should follow-up with your primary care physician regarding new prescriptions and refills.

INCISION CARE

- Please leave the Steri-strips in place on your incision and allow them to fall off on their own. If they have not fallen off in 10-14 days, you may remove them yourself.
- You may shower 48 hours after surgery but please do not swim or soak in a tub for at least 2 weeks. After you are done showering, just pat your incision dry. If it is draining clear fluid, you can cover it with a dry dressing (such as gauze). Do NOT scrub with soap or washcloth for the first 10 days.
- Mild swelling at the incision site will go away in 4-6 weeks. The pink line will slowly fade to white during the next 6-12 months.
- Use a sunscreen (SPF#30 or higher) or wear a scarf for protection if in the sun for the first 6 months to a year as the sun can darken your scar.
- You may begin to use a moisturizing cream with vitamin E along the incision after 2 weeks.

COMMON PROBLEMS

- Numbness of the skin under the chin or above the incision is normal and should go away in a few weeks.
- You may feel a lump or pressure in your throat sensation when swallowing for a few days.
- Your incision may feel itchy while it heals. Avoid rubbing or scratching if possible.
- You may feel neck stiffness, tightness, a pulling feeling, mild aching chest discomfort, headache, ear pain or congestion. Take a mild pain medicine such as *Tylenol* or *Advil*. Put heat on the area using a hot water bottle, heating pad or warm shower.
- Some people prefer to sleep with an extra pillow for the first few days after the surgery, this helps keep swelling around your incision to a minimum.
- Your voice may be hoarse or weak. Pitch or tone may change. You may have difficulty singing. This usually goes back to normal over 6 weeks to 6 months.
- After surgery, you may notice a change in your mood, emotional ups and downs, depression, irritability or fatigue and weakness. These changes will get better as time passes.
- You do not need to be at bed rest, being active is normally well tolerated within reason.

- If you are taking supplemental calcium or narcotics, you may also want to take a stool softener, such as over-the-counter Colace or Senna, to avoid constipation. Stay hydrated by drinking some extra water.

WHEN TO CALL YOUR DOCTOR

- For any non-urgent questions, call your doctor's office or the nursing unit where you were a patient.
- Call your doctor or go to the Emergency Room if you have fever (temperature greater than 100.5), chills, lightheadedness, shortness of breath, difficulty breathing, nausea, vomiting, numbness or tingling in your fingers, hands, or mouth, muscle spasms, or if you notice signs of wound infection (redness, tenderness, or drainage from the incision). Please also call or go to the Emergency Room if you have any other urgent concerns.

FOLLOW-UP

- ✓ Please call the first business day after discharge to schedule a follow-up appointment.
- ✓ In case of emergencies, call your doctor's office. If the office is closed, contact the hospital operator at **(617) 726-2000** and have your surgeon or the surgeon-on-call paged.