



POST-OPERATIVE INFORMATION SHEET

THYROID SURGERY

What happens after my operation?

If Dr Lancashire has arranged for you to stay in hospital overnight, you will be transferred from the operating theatres to the surgical ward. You will have a waterproof dressing over your wound.

Relatives are permitted to visit you on the ward on the day of your surgery. It is recommended that all guests check visiting hours with the hospital so that patient rest periods aren't interrupted.

In some instances, patients may be able to go home on the day of their surgery. Dr Lancashire will have discussed whether this is appropriate for you prior to your operation.

Managing pain or discomfort

- People will experience different levels of discomfort and pain after surgery. This is quite normal
- Many people are surprised how little pain they have after thyroid surgery
- Your anaesthetist will talk to you about pain management before your operation
- There will be pain medication available for you to ask for on the ward after your operation, and Dr Lancashire will prescribe pain relief for you to take home if you require it

Caring for your wounds / stitches

- Your wound will have been stitched closed with dissolving sutures - they will not need to be removed
- The wound will be covered with a waterproof dressing. Dr Lancashire recommends leaving them on for at least 7 – 14 days but will give you specific instructions before you leave the hospital
- You can shower normally with waterproof dressings but avoid soaking them in the bath
- It is not unusual to notice some dry blood under the dressing. This will not cause any problems
- Smoking can increase the risk of wound complications and delay wound healing
- Dr Lancashire will review your wound at your post-operative appointment and will give you information about your wound management and ways to minimize long-term scarring

How long will it take for me to recover?

- Your recovery will depend on the extent of surgery you have as well as your general health
- It is important to have someone drive you home from the hospital
- Dr Lancashire will provide a medical certificate for your time in hospital and your recovery period

Resuming activities

- You can begin low impact exercise (for example, walking) immediately after your surgery
- You should avoid strenuous activities, especially those which involve turning the head suddenly for 1 - 2 weeks
- Driving
 - As a general rule, you should not drive for at least a week after surgery
 - You must be able to comfortably wear a seatbelt
 - You must not be taking any pain medications
 - You must be able to move your head, neck, shoulders and arms freely
- Feel free to contact us if you have any questions or concerns regarding activities you wish to resume or commence immediately after your surgery.



Post-operative problems

The following issues may be encountered following any form of surgery:

- Wound Infection
 - Redness, swelling or pain not relieved by simple pain relief
 - Discharge from the wound
 - Feeling generally unwell or a fever over 38 degrees
 - Most simple wound infections can be managed with a course of tablet antibiotics
 - You should contact Dr Lancashire's rooms if you have symptoms or signs of a wound infection
- Bruising or haematoma
 - Bruising is common after every type of surgery
 - Most bruising disappears within a couple of weeks
 - Sometimes a large bruise/blood clot can form under a wound (haematoma)
 - Most small haematomas will resolve slowly over time
 - Rarely, a return to the operating theatre may be required
- Seroma formation
 - This is a build-up of fluid under the skin
 - It often presents as a "fullness" under the wound
 - The body will reabsorb this fluid over time
- Hypocalcaemia (low calcium)
 - Sometimes after a total thyroidectomy, calcium levels in the blood can be low
 - The parathyroid glands, that control calcium levels, are attached to the thyroid gland. They can stop working for a brief period after your operation
 - Dr Lancashire will test your calcium levels after your operation and determine if you need to take calcium (Caltrate) or vitamin D (calcitriol) for a brief period until the parathyroid glands start working again
 - Signs of low calcium include numbness or tingling around the mouth, fingers and toes. It may also lead to muscle cramps. If you experience any of these symptoms you should contact Dr Lancashire straight away

Information for patients having a total thyroidectomy

- Thyroxine tablets
 - If you have had a total thyroidectomy, Dr Lancashire will have started you on thyroid replacement tablets (thyroxine)
 - You will need to have this medication dispensed prior to leaving hospital
 - Dr Lancashire will arrange for your thyroid function tests (thyroid levels) to be checked about 4 weeks after your operation
 - He will liaise with your GP about the long-term follow-up of your thyroxine levels
- Calcium supplementation
 - Dr Lancashire will test your calcium levels after your operation and determine if you need to take calcium (Caltrate) or vitamin D (calcitriol) for a brief period until the parathyroid glands start working again
 - See above (hypocalcaemia) for the signs and symptoms of low calcium levels

When should I contact Dr Lancashire?

You can feel free to contact Dr Lancashire's rooms at any time. He would like to know if you have any concerns before or after your surgery.

If you have any of the above post-operative problems, or have any concerns at all, please don't hesitate to call for advice or reassurance.



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Useful contact numbers:

- Dr Ben Lancashire's Rooms: (07) 3054 0694
- Mater Breast Cancer Centre: (07) 3163 1166
- Mater Private Emergency Centre: (07) 3163 1000
- Mater Private Hospital Switchboard: (07) 3163 8111