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# Having an operation to remove all or part of the thyroid gland (thyroidectomy)

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**Head and Neck**

**Patient Information**



**NHS**



## Contents

Introduction	1
What is the thyroid gland and what does it do?	1
What is a thyroidectomy?	1
Why do I need a thyroidectomy?	1
What happens before I come to hospital?	2
What happens during the operation?	3
What can I expect after surgery?	3
Can the operation affect my voice?	4
Can the operation affect my parathyroids?	4
How long will I need off work and should I avoid any types of exertion?	5
Contact details	6



## Introduction

This leaflet has been written to explain your operation and answer commonly asked questions. If you have any concerns about your illness or your treatment, please talk to your surgeon or clinical nurse specialist (key worker).

## What is the thyroid gland and what does it do?

The thyroid gland is located in the lower part of the neck just below the Adam's apple, and is shaped like a butterfly with two lobes laying either side of the windpipe. The thyroid gland produces thyroid hormones called thyroxine and triiodothyronine. These hormones regulate the speed at which your body cells work. If too much of the thyroid hormone is produced (**hyperthyroidism**), the body cells work faster than normal. If too little of the hormone is produced (**hypothyroidism**), the body cells work more slowly.

## What is a thyroidectomy?

A thyroidectomy is the removal of all (total) or part (partial) of the thyroid gland. You may need to have this operation because you have a swelling which could be cancerous or because your gland is overactive.

## Why do I need a thyroidectomy?

Surgery is the recommended treatment for several disorders of the thyroid gland. Thyroid disorders that may require surgery include:

- A large thyroid, causing symptoms of breathing or swallowing difficulties
- A solitary nodule
- Multi-nodular goitre (a goitre is an enlarged thyroid gland), if causing problems
- Thyroid adenoma (an adenoma is a clump of cells)
- Thyroid cancer

- Graves' disease (hyperthyroidism)
- A recurring thyroid cyst.

It is important that your surgery is performed by an experienced surgeon who regularly performs thyroid operations. Do not hesitate to ask the surgeon any questions that are on your mind.

We recognise your right to participate in decisions about such an important matter, and you will be asked to give your informed consent before surgery.

## **What happens before I come to hospital?**

The doctors will discuss the surgery with you at your outpatient appointment. Please ask if you do not understand any terms they use. You will be given the opportunity to see the clinical nurse specialist who will be your key worker and available for advice and further information.

You will also have a pre-operative assessment visit. This is usually one to two weeks before your planned admission for your operation.

During this assessment, a specialist assessment nurse will see you. They will discuss your general health with you, including any medicines you are currently taking. They will decide whether you need any tests before you have a general anaesthetic. You may also be seen by either the doctor or anaesthetist, or both if the nurse feels it is necessary. They will examine you and may listen to your heart and lungs.

Tests you may have include:

- Routine blood tests
- ECG (electrocardiogram or heart trace)
- Chest x-ray.

This appointment is also an opportunity to ask questions about your stay in hospital and to share any concerns you may have.

## What happens during the operation?

The operation is performed under a general anaesthetic. Thyroid operations are usually straightforward. The main types of thyroid surgery are:

- Total thyroidectomy (removing all of the thyroid gland)
- Lobectomy or hemithyroidectomy (removing half of the thyroid gland)
- Subtotal thyroidectomy (removing most of the thyroid gland but leaving some tissue in place)
- Isthmusectomy (removal of central part of thyroid gland).

The incision is made through a crease in your neck. Many structures pass through the neck and during the operation the surgeon will take care to identify the various arteries, veins and nerves. Special attention is paid to the nerves that supply your voice box and the blood supply to the parathyroid glands, which control your calcium metabolism.

The thyroid gland has a very rich blood supply, and to avoid bleeding, the arteries are carefully tied off before removing the gland. After the part of the thyroid that needs to be removed has been taken out, everything is closed up and the skin is closed. This will be done with stitches (sutures) and strips of sticky tape (steristrips). The stitches that we use are usually soluble. Small tubes are sometimes placed in the neck to drain away any extra fluid for the first 24-48 hours.

## What can I expect after surgery?

After surgery you may feel a little uncomfortable, but this should soon pass. If there are no complications you will be ready to go home after a day or so. If there is significant bleeding within the wound you will need to be taken to theatre once more, but this is extremely rare and usually only happens within the first 12 hours.

## Can the operation affect my voice?

Your voice may sound a little hoarse immediately after surgery, but should return to normal within a couple of days. If the main nerve to the voice box is damaged, then your voice may sound husky or breathy or be slightly weaker than before. Usually the voice recovers within six months. When the damage is just on one side, the other vocal cord often takes over and restores a normal voice. Permanent problems arise in approximately one in 100 cases. If you have ongoing problems with your voice, there are operations available to help. You should ask to be referred to a speech therapy unit to see a surgeon who specialises in laryngeal surgery. A small operation can be performed to help correct the problem with the voice box.

Professional singers, public speakers, teachers and others who deal with young children may notice that it is harder to project their voice after surgery, and sometimes the voice may appear to 'wobble'. This is because another nerve that supplies one small muscle in the voice box has been affected by the surgery. This happens in about six cases in every 100, but usually recovers within four months of surgery. If there is temporary or permanent damage to the nerve, then speech therapy and a referral to a specialist voice unit can help. If you use your voice professionally, it is important that you discuss this fully with your surgeon before the operation.

## Can the operation affect my parathyroids?

The parathyroid glands are four small glands the size of a grain of rice that are next to, or in some cases within, the thyroid. They control the calcium balance in your body. Your surgeon will make every effort to preserve these but sometimes one or more parathyroids are unavoidably removed, or stop working, resulting in hypoparathyroidism. Fortunately you do not need all four parathyroids, but sometimes it takes days, weeks, or even months after the operation for the remaining parathyroids to be able to completely control your calcium balance. This is because



the parathyroids often get part of their blood supply from the thyroid and have to adjust to a slightly different blood supply after the operation.

If you experience a tingling sensation in your hands, fingers or around your mouth after surgery you must alert the medical staff - this is a sign that your calcium levels have dropped, usually as a result of a decreased blood supply or damage to one or more parathyroids. You will need to take calcium supplements and, if necessary, Vitamin D, to correct this. The parathyroid glands often recover their function within six to eight weeks. After total thyroidectomy, about one in 20 people, though, may have permanent hypoparathyroidism and will need to take calcium and vitamin D for life.

### **How long will I need off work and should I avoid any types of exertion?**

This will depend on the type of treatment you have had. However, we usually advise that you take at least two weeks off work. If you have a job which involves heavy lifting or you like to take vigorous exercise, please talk to your physiotherapist about when to start these activities again. Discuss with your surgeon when you can start driving again.

## Contact details

If you have any further questions about your surgery, please contact your clinical nurse specialist or surgical team.

Key worker, Head and Neck Surgery: 020 7352 8171 ext 1546

Advanced Nurse Practitioner, Head and Neck Surgery:  
020 7352 8171 ext 4700

Physiotherapy team: 020 7808 2821  
(answer machine)

Outside normal workings, you may contact:

**The Royal Marsden Macmillan Hotline: 020 8915 6899**

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

You can also find more information about the types of cancer of the head and neck, surgery or other treatments from Macmillan Cancer Support either by phoning 0808 808 0000 or by visiting their website at [www.macmillan.org.uk](http://www.macmillan.org.uk)

## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre  
Freephone: 0800 783 7176  
Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

This leaflet has been adapted by Lorraine Guinan, Clinical Nurse Specialist and Jorn Rixen-Osterbro, Advanced Nurse Practitioner from the patient information leaflet produced by The British Thyroid Foundation.



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