Total Thyroidectomy (for Thyrotoxicosis)

GS19 Lite - Expires end of January 2027

This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is the thyroid gland?

The thyroid gland is a structure in your neck that produces a hormone called thyroxine, which regulates your body's metabolism.

Your thyroid gland has become overactive and is producing too many hormones. This is called thyrotoxicosis and can lead to some distressing symptoms such as losing weight, tremors, sweatiness, being unable to cope with heat, difficulty sleeping and eye problems.

What are the benefits of surgery?

Your body will stop producing thyroid hormones so you should no longer have any distressing symptoms. You will need to take thyroxine tablets regularly for the rest of your life.

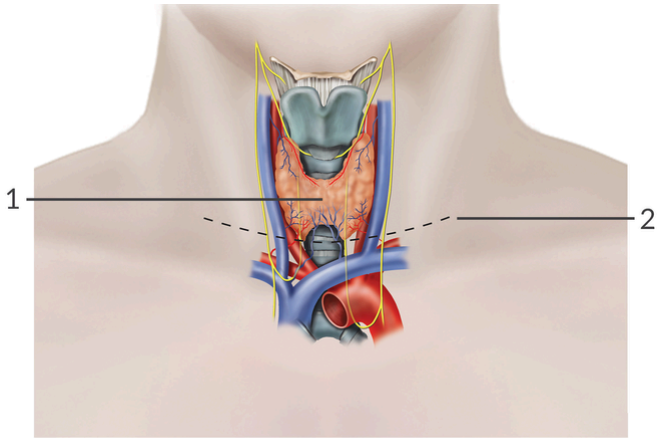
Are there any alternatives to a total thyroidectomy?

Medication, such as carbimazole or propylthiouracil, can be used to control thyroid activity and are often used to begin with.

Radioactive iodine can also be used for some people.

It is possible to remove only part of the gland so that you continue to produce some thyroid hormones and do not need to start taking thyroxine tablets. However, your thyroid gland may become overactive or underactive in the future, and you may need further treatment.

A thyroidectomy



 Illustrator: www.medical-artist.com

1. Thyroid
2. Cut

What will happen if I decide not to have the operation?

You may continue to experience the same or worse levels of symptoms due to your gland producing too much thyroxine.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes 90 minutes to 2 hours.

Your surgeon will make a cut on your neck in the line of one of your skin creases.

Your surgeon will remove the thyroid gland.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and in rare cases can even cause death.

General complications of any operation

- Infection of the surgical site (wound).
- Allergic reaction to the equipment, materials or medication.
- Blood clot in your leg (deep-vein thrombosis – DVT).
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Bleeding during or after the operation. Bleeding in your wound can be serious if it leads to swelling in your windpipe (trachea). You may need another operation to stop the bleeding and remove the blood.
- Change in your voice. Slight, temporary changes are common. In some cases the changes may be permanent.
- Breathing difficulties. You may need a tracheostomy to place a breathing tube in your windpipe.
- Aspiration problems, where food enters your windpipe (trachea) instead of your oesophagus (gullet) when you swallow, making you cough.
- Thyroid hormone levels in your blood will drop.
- Thyroid hormone levels in your blood may increase (thyroid crisis). This can be life-threatening and needs emergency treatment.
- Drop in calcium levels in your blood. You may need long-term calcium supplements.

Consequences of this procedure

- Pain.
- Unsightly scarring of your skin.

How soon will I recover?

You should be able to go home after 1 to 2 days.

You should be able to return to work and normal activities after about 2 weeks, depending on how much surgery you need and your type of work.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a full recovery and can return to normal activities.

The healthcare team will usually arrange for you to come back to the clinic within 4 weeks. Your surgeon will tell you the results and discuss with you any treatment or follow-up you need.

Summary

Thyrotoxicosis is a condition caused by an overactive thyroid gland. A thyroidectomy to remove the gland is one of a number of ways thyrotoxicosis can be treated.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

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Illustrator

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