Hemithyroidectomy

What is the thyroid gland?

The thyroid gland is an endocrine gland; this means that it manufactures hormones that are released into the bloodstream, which then act as messengers to affect cells and tissues in other parts of the body.

Where is the thyroid gland?

The thyroid gland is made up of two lobes (each about the size of half a plum) that are joined together by a ridge of thyroid tissue (called the isthmus). The two lobes lie on either side of your windpipe, with the gland as a whole lying just below your Adam’s Apple.

What do the thyroid hormones do?

Thyroid hormones regulate the speed at which your body cells work. If too much of the thyroid hormones are secreted, the body cells work faster than normal, and you have thyroid over-activity or ‘hyperthyroidism’ (also sometimes referred to as “thyrotoxicosis”). However if too little of the thyroid hormones are secreted then the body cells work slower than normal, and you have underactivity or ‘hypothyroidism’.

What are the parathyroid glands and how do they affect calcium levels?

The parathyroids, normally four in number, are attached to the thyroid. The parathyroids produce parathyroid hormone (PTH) and this regulates the concentration of calcium in the blood. Normal calcium levels in the blood are essential for healthy bones, as well as for general well-being.
What is a hemi-thyroidectomy?

A thyroidectomy is the removal of part of the thyroid gland (sub-total thyroidectomy, hemithyroidectomy or lobectomy).

Why is thyroidectomy performed?

- Thyroidectomy is also done to remove a goitre (enlarged thyroid), either because it is causing pressure or looks unsightly.
- Thyroidectomy is also done when a previous needle biopsy is not conclusive and there is a need to establish a more definite diagnosis.

Is it a safe operation and what are the side-effects?

You will not need to take thyroxine after the operation, as the remaining part of the gland will often be able to produce enough thyroid hormone.

The parathyroids are not usually removed or damaged at a thyroidectomy operation. But sometimes one or more of the parathyroids is unavoidably removed, or their blood supply affected. As only one side of the thyroid will be removed and you have two other glands in the opposite side, this will not affect the calcium level in your blood.

Will it affect my voice?

The thyroid gland lies close to the voice box (larynx) and the nerves to the voice box. Following your surgery you may find that your voice may sound hoarse and weak and your singing voice may be slightly altered, but this generally recovers quite quickly. In a very small number of cases this can be permanent.

Will I have neck stiffness, restricted shoulder movement or pain?

You will feel some discomfort and stiffness around your neck but you will be given some medication to help ease any pain and discomfort. Pain relief may be given in different ways, such as injections, liquid medicine or tablets. Most patients say the discomfort is not as bad as they expected and after the first day are up and walking around. After the first day following your surgery you will be given some gentle neck exercises to do; this may be given in an information sheet but please do ask staff if you are unsure. After a few weeks you should be back to a good standard of neck
movement and shoulder function.

**Will I have a scar?**

Following your surgery, whether all or part of your thyroid is removed, you will have a scar, but once this is healed it is usually not very noticeable. The scar runs in the same direction as the natural lines of the skin on your neck.

**What will I look like after thyroid surgery and what will I be able to do?**

- You will have a scar on the front part of your neck which will feel a little tight and swollen initially after the operation. The skin wound will be closed with an absorbable stitch that loops outside the wound. These ends will need to be cut by the practice nurse a week after the surgery.

- You may have a drain from your wound to collect wound fluid, but in most cases we avoid using them. The drain is a small plastic tube that is inserted into the neck during the operation. The tubing outside the neck is attached to a plastic collection bottle into which the fluid drains. The drain is not painful and you can carry it around with you. The drain will be removed by a nurse when the drainage is very minimal. The time span may vary but it is usually a day or two after your operation.

**Will it affect my eating and drinking?**

For a short period after your operation you may find it painful to swallow and you may need a softer diet for a short time. You may find that nutritious drinks are helpful in maintaining a balanced diet which is important to assist healing.

**What care do I need to take regarding my neck wound?**

Take care not to knock your wound and remember to keep the wound dry if it becomes wet after bathing or showering by patting it dry with a clean towel. Use only clean towels on your wound area for the first few weeks. After your stitch ends are cut and the scar is healing well you can rub a small amount of unscented moisturising cream on the scar so it is less dry as it heals. Calendula, aloe vera or E45® cream are effective (available from health shops). The pressure of rubbing the cream in will also help to soften the scar.
What rest do I need?

You will need to take it easy while your neck wound is healing. This means avoiding strenuous activity and heavy lifting for a couple of weeks. Your neck will gradually feel less stiff and you will soon be able to enjoy your normal activities.

When should I return to work?

You will probably need to take at least two weeks off work (or sometimes longer) depending on your occupation and the nature of your work. If you should develop problems with the blood calcium level (it's unusual to do so) then you may need a little longer off work while the calcium is being stabilised. The hospital can issue you with a sick note for two weeks and then you should see your GP if more time is required.

For further information

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