



Procedure Information Sheet

Introduction

To excise the whole or part of the thyroid gland.

Indication

- Malignant thyroid tumour
- Benign thyroid diseases with pressure or aesthetic symptoms
- Thyrotoxicosis that failed non-surgical therapy
- Suspicious of malignancy

The Operation / Procedure

1. Make skin incision in the neck. Separate tissues, blood vessels, and nerves in the neck to access the thyroid gland.
2. Remove part or all of thyroid gland. Remove lymph nodes in the area for thyroid cancer.
3. A drainage tube may be inserted.
4. Close the wound.

Before the Operation / Procedure

1. Inform doctor of any medical condition e.g. diabetes mellitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement.
2. Discuss with doctor in charge about the operation management, nature of operation and possible risks. Read through and understood this information sheet and complete the consent form.
3. Patient may need physical check-up or examination such as blood tests, urine tests, chest x-ray and lung function test, electrocardiogram etc.
4. Pre-operative anesthetic assessment about the anesthetic management, nature of anesthetic and possible risks and complete the anesthetic consent form.
5. Bathing and shampooing before operation.
6. Keep fast for 6-8 hours before operation to avoid risk of aspiration.
7. Follow doctor's advice for pre-medication.
8. Empty bladder before transfer to Operating Theater. Take off underwear and change to operation gown, stocks and cap, remove denture, contact lens and jewellery (including hair pins, ear rings and ring etc.).
9. Intended Benefits and Expected Outcome
 - 9.1 Complete removal of malignant tumour
 - 9.2 Control of thyrotoxicosis
 - 9.3 There is chance of incomplete removal of disease and recurrence
10. Conditions that Would Not be Benefited by the Procedure
 - 10.1 Tumour extends beyond the confine of thyroid and is fixed to adjacent structures

After the Operation / Procedure

1. Neck wound dressing and drainage tubes may be in place.
2. May need analgesic for pain and discomfort after the procedure.
3. Lie in a slightly head up position.
4. Take medication and see the doctor as instructed.
5. Resume normal activities if there is no more neck pain and after medical assessment.
6. Radioactive Iodine treatment may be required after operation in case of thyroid cancer.

Patient's Label
Patient Name: _____
Hospital No: _____
Episode No: _____



7. Keep the wound clean and dry, avoid excessive head and neck movement.
8. Seek medical attention at the nearby emergency department or the related ENT clinic if you have fever, shortness of breath, marked neck pain, swelling or bleeding.

Risk and Complication

1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
2. Common risks and complications ($\leq 1\%$ risk)
 - 2.1 Bleeding
 - 2.2 Infection
 - 2.3 Haematoma
 - 2.4 Scar problem
 - 2.5 Thyroid insufficiency requiring life long thyroxine replacement
 - 2.6 Recurrent laryngeal nerve injury with aspiration and breathy voice in unilateral injury or airway obstruction in bilateral injury
 - 2.7 Parathyroid insufficiency causing muscle cramp requiring life long replacement medication
3. Uncommon risks with serious consequences ($< 1\%$ risk)
 - 3.1 Pneumothorax
 - 3.2 Thyroid crisis (in thyrotoxic cases)
 - 3.3 Tracheomalacia causing airway problem
 - 3.4 Death due to serious surgical and anaesthetic complications
4. Consequences of no treatment
 - 4.1 Progression of tumour and death
 - 4.2 Uncontrolled thyrotoxicosis
 - 4.3 Persistent or progressive pressure or aesthetic symptom

Alternative Treatment / Investigation

1. Radiotherapy may be used as alternative to surgery for uncontrolled thyrotoxicosis.
2. For malignant thyroid cancer with organ metastasis, consider chemotherapy may be used.
3. For advanced thyroid cancer, an alternative may be symptomatic palliative treatment.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Thyroidectomy (2020)

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 Patient Name: _____
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Patient's Signature: _____ Date: _____