

# Hemithyroidectomy



## Information for patients Endocrine Surgery

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

The thyroid gland is a butterfly shaped gland in the front of the neck. It produces thyroid hormones and releases them into the bloodstream. Thyroid hormones affect every cell in the body and influence how those cells work. Too much hormone causes the body to 'speed up'; too little hormone causes the body to 'slow down'.

### What is done in this procedure?

One side (lobe) of the thyroid gland along with the middle part (called the isthmus) is removed through an incision (cut) across the front of the middle of the neck. This is done whilst you are asleep (general anaesthetic).

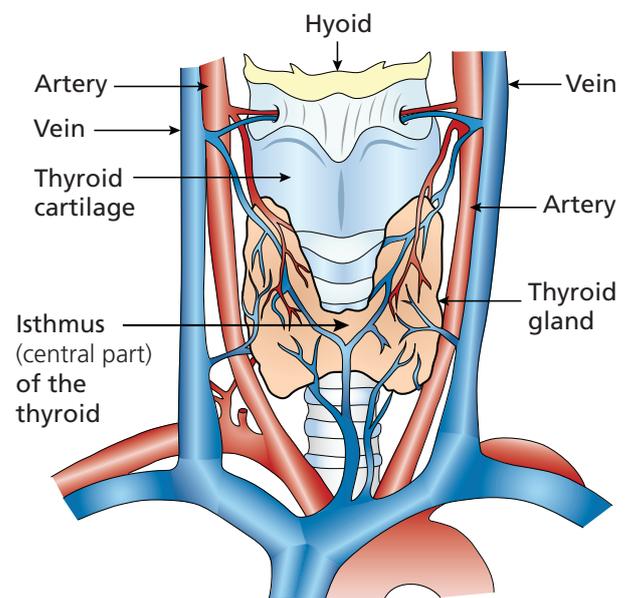
### Why is this procedure performed?

Hemithyroidectomy may be performed for a variety of reasons. These include:

- Possible thyroid cancer
- Overactive thyroid
- Large and lumpy thyroid glands causing symptoms.

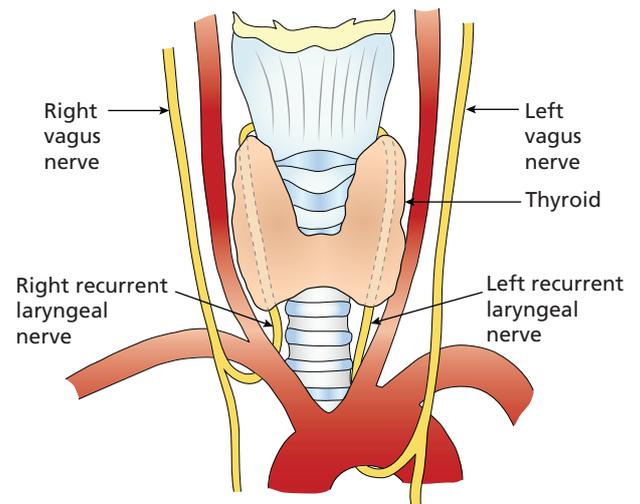
### What risks should I be aware of in relation to this procedure?

The thyroid gland is next to the voice nerves that supply the voice box (recurrent laryngeal nerve and external laryngeal nerve) and the parathyroid glands. These are usually carefully preserved, but can occasionally get bruised or damaged during surgery.



The operation is generally a safe and effective procedure. However, there is a potential for complications such as:

- **Voice and swallowing problems** - Injury to the laryngeal nerves is uncommon. But, if it occurs, your voice may become weaker, hoarse or husky. You may lose the ability to shout or sing and occasionally swallowing becomes difficult. These effects are often temporary, but sometimes they may last a long time (in less than 2% of cases).
- **Low blood calcium levels** - The parathyroid glands (about the size of a grain of rice) lie next to the thyroid glands and may be bruised, may lose their blood supply or be unintentionally removed during thyroid surgery. There are usually no clinical effects as the parathyroid glands on the other side are not interfered with. However, if a further operation is required on the other side in the future, low calcium levels may result following the second procedure.
- **Infection and bleeding** - These are risks associated with any surgical procedure. Although some people may get bruising around the incision (cut) or collection of blood tinged fluid, the risk of a significant infection or bleeding complication is low. Occasionally, a second operation may be needed to treat these complications.
- **Excessive scarring** - Although neck scars usually heal well and (like most scars) fade away with time, some people develop 'hypertrophic scarring' and 'keloids' at the site of surgery. This is where the body forms excessive scar tissue in response to surgery and the scar becomes thick, prominent and sometimes itchy. If you are prone to developing these types of scars, discuss this with the surgeon.



## What should I expect before admission, on the day of surgery and after the procedure?

**Before admission:** You may be asked to have a laryngoscopy (examination of your larynx or voice box) to check the function of the voice box and to ensure that your voice nerves are working normally. You will also have a pre-operative assessment to ensure that a general anaesthetic is safe and appropriate. Your surgeon will arrange for you to have blood tests (including a check of your thyroid hormones and calcium levels).

**On the day:** You will usually be asked to come in on the day of the procedure. The anaesthetist and surgeon will see you before surgery. The anaesthetist will put you to sleep and part of your thyroid gland will be removed. You may also have an injection in the neck to relieve pain or discomfort after the procedure. Occasionally, a drain (tube) may be left in place at the end of surgery to drain any fluid that may collect in the space of the thyroid. This is removed within a few days of surgery.

**After surgery:** Recovery following thyroid surgery is usually similar to recovery following any general anaesthetic. You will be expected to stay in for at least one night after surgery. You will be prescribed painkillers, but the amount of pain and discomfort felt by patients following this operation is quite variable. If your pain is not well controlled, please do not hesitate to talk to the nurse. Some patients have nausea and vomiting after surgery; but these can be effectively treated as well.

You will usually be up, able to walk around and eat the next day.

The part of the thyroid gland left behind usually compensates for the part removed and most patients do not need to take Thyroxine tablets. Sometimes, this compensation is not adequate and if that is thought to be the case (based on blood tests and/or symptoms), you may be asked to start Thyroxine treatment. The surgical team may also arrange for you to have your voice box re-examined at some stage after surgery.

## How quickly will I recover?

The speed of recovery is very variable. In general, you are advised to rest for 2-3 weeks following the procedure; to avoid driving for 2 weeks; and to avoid long haul air travel for 2 months following surgery.

## Is there anything I should look out for when I go home?

After discharge, an appointment will be made to see you in a few weeks. In the meantime, if you experience any of the following symptoms, please ask to see a member of the clinical team sooner:

- Increasing pain, swelling, redness or discharge at the site of surgery
- Feeling excessively hot and/or cold

## Where can I get more information?

You should be able to ask the surgeon performing the operation for further information.

The following websites may also be helpful.

- <http://patient.info/doctor/Thyroid-Disease-and-Surgery.htm>
- <http://www.btf-thyroid.org/information/quick-guides>



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