

Post-op Instructions: Thyroidectomy –

Total thyroidectomy and Thyroid Lobectomy (Hemi thyroidectomy)

Medications:

Pain medications and occasionally an antibiotic or calcium will be given to you after surgery. Narcotic pain medications can sometimes cause nausea. Once pain is mild to moderate, switch to over the counter Tylenol (acetaminophen), up to 1000 mg every 4-6 hours. Do not exceed 4000 mg of Tylenol in a day. Be sure to take plenty of liquids with your pain medications, as they may often cause constipation. You may also take over the counter Colace (Docusate), a gentle stool softener, once or twice a day while on narcotic pain medications. Stop this medication if you develop loose stools or diarrhea.

Be sure to take all of your antibiotics if prescribed. Stop the medicine and call the office if you develop any side effects such as nausea, vomiting, swelling or a rash.

Calcium may be required after total thyroidectomy. Usually low calcium after surgery is temporary and your doctor may order blood tests to make sure your calcium returns to normal. It is important to take your calcium as directed. Be sure to add vitamin D to improve calcium absorption. You may purchase Calcium Carbonate 600 mg with Vitamin D3 over the counter at most grocery stores and pharmacies.

Diet:

After surgery it is not uncommon to have some nausea and occasionally vomiting. Eat a bland light meal or a liquid diet on the first day after surgery. Increase to your regular diet as you feel up to it.

Drain care:

You may have a drain in your incision; if so, keep the drain site clean and dry. Depending on the type of drain you have, you may need to empty it once or twice a day and keep track of the output in a journal. The nurse will show you how to empty the drain and measure its output before you are discharged. Bring your journal with you to your next appointment. In general, the drain output should decrease slowly. Your nurse or doctor may remove the drain in a few days. Call the office if you are unsure when to return for removal of your drain. Removal is simple and does not require anesthesia, the nurse or doctor will remove any suture(s) and take the drain out. You may experience some brief, slight discomfort when the drain is removed.

Incision care:

Keep the incision site clean and dry. There may be surgical glue or tape (steri-strips) in place, which will fall off on their own a few days after surgery. You may shower 24 hours after your surgery, but no soaking in a tub, swimming or saunas for at least a week as this may introduce infection. Avoid scrubbing at your incision. Wash gently with soap and water. If you do have

a drain, avoid getting water on the incision or drain site by using a hand held shower or taking a sponge bath.

Avoid heavy lifting of more than 10 pounds, straining and strenuous exercise for at least 7-10 days. Keep your incision out of the sun, which may darken your scar. Apply lotions with Vitamin E, Cocoa Butter, or scar creams such as Mederma Gel, with gentle massaging daily after the incision is healed in order to minimize scarring. Remember that your scar will take almost a year to fully mature.

Keep your head elevated when lying down for a few days after surgery to decrease the swelling.

It is not unusual to have some nausea and vomiting after surgery. Eat a bland light diet afterwards and slowly return to a normal diet. You may experience mild throat discomfort or hoarseness, which is usually temporary.

Signs of low calcium may include tingling around the mouth, fingers or toes, muscle spasms or cramping. Call the office as soon as possible if you experience any signs of low calcium despite being on calcium pills.

If you experience any redness, swelling, worsening pain to your incision or fevers greater than 100 F, call the office or go to the emergency room. All emergencies should be directed to the North Austin Medical Center 512-901-1000. If you experience shortness of breath, go to the nearest emergency room.

Follow up:

You should have an appointment with the clinic the next day or in the following days. You may also be required to have your blood drawn to check your calcium levels. You will also see your surgeon 1-2 weeks after your surgery to discuss your pathology results, which can take anywhere from a few days to weeks to return. Call our office if you do not have an appointment already scheduled. Please call your endocrinologist if you have one after your surgery to schedule a follow up with them as they may prescribe your thyroid replacement after total thyroidectomy.