THYROIDECTOMY/PARATHYROIDECTOMY PATIENT DISCHARGE INSTRUCTIONS

What should I expect after my operation?

You will see swelling or bruising under the incision in a few days. This is usually greatest on the second or third day after the operation. You also may feel the sensation of swelling and/or firmness which can last for a month or more.

Neck incisions heal rapidly, usually within a week or two. The incisions can get wet in a shower or bath 24 hours after surgery.

Your scar will be most visible for the first 1-2 months after surgery, improve significantly over 2-3 months, and gradually fade over the next 6-9 months.

All incisions are sensitive to sunlight. For one year after surgery, you should use sunscreen when outdoors for long periods to prevent darkening of the scar area.

We recommend you not expose the incision to the ultraviolet lights used in tanning booths.

What is this lump under my incision?

A small ridge or lump underneath the incision is completely normal following surgery. This is the result of swelling, healing and some scar formation. Usually this will flatten completely, and become soft and pliable during the 3-6 months following surgery.

Will my neck hurt?

Most patients experience very little pain from the incision and may complain more about a sore throat from the breathing tube. You may experience neck stiffness or soreness in your shoulders, back or neck. Tension headaches also may be experienced which could take a few days to go away.

For a sore throat, you can try either warm or cool liquids for relief. You also may try cough drops with menthol or other soothing ingredients, as needed.

Some patients also notice minor changes in swallowing, which improve over time.

The skin just above and below your incision will feel numb. This will improve over several months though some patients may have a permanent decrease in sensation in this area.
You may apply a cold pack over your incision to relieve the pain. This is most beneficial in the first 24 hours after surgery.

If you have sore/stiff muscles in your back, shoulders or neck, you also may use moist warm heat or a heating pad on the affected areas for 15-20 minutes at a time several times a day. Do not sleep on the heating pad or leave the heating pad on the skin for extended periods of time so as to prevent accidental injury or burns.

Gently massaging your neck muscles will improve any stiffness you may experience in your neck.

Do not be afraid to move your neck. Gently flexing and stretching your neck muscles will prevent stiffness.

How I manage my pain at home?

NSAIDs (non-steroidal anti-inflammatory drugs) such as ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve) or acetaminophen (Tylenol) are most helpful for pain experienced after surgery. Generally, NSAIDs are more effective than stronger pain medicines, such as narcotics.

To prevent overdosing on acetaminophen (Tylenol), do not take it at the same time you take a combination narcotic medication which contains acetaminophen, such as Vicodin or Norco. However, you may take an acetaminophen (Tylenol) and a combination narcotic medication (such as Vicodin or Norco) 4-6 hours apart.

Following surgery, stronger pain medications or narcotics (such as Vicodin or Norco) for severe pain are rarely needed.

If you take a narcotic medication, do NOT drive a car or drink alcohol while taking this medication.

Narcotics can cause constipation. Stool softeners (Colace), fiber (fruits, bran, vegetables), and extra fluid intake may help. A stimulant laxative (Milk of Magnesia, Senokot) may be needed as well.

Will my voice be affected?

Your voice may be slightly hoarse or weak after surgery. This is normal and does not mean there was damage to the nerves that make the vocal cords move. The breathing tube used during surgery often irritates the vocal cords. Your voice usually will go back to normal within several days to a few weeks.

Are there any diet restrictions?

No. Always eat a well-balanced diet.

How will I care for my incision?

If you have paper “steri strips” over your incision, leave them in place until they begin to fall off naturally. If they become discolored or messy, you may remove them 7-10 days after your operation.

If you have a skin glue (dermabond or indermil) closure, you may notice tiny pieces of yellow/white material on your washcloth; this is normal. The glue will start to come off starting about a week after surgery. Do not pull off the skin glue until at least 7 days after surgery in order to allow time for the incision to heal completely.
You may shower 24 hours after surgery. Wash gently over the incision with soap and water, and then gently pat dry the incision.

Do not apply ointments or powders to the incision.

Avoid using Vitamin E cream, moisturizers, or anti-scar creams on the incision until after your first follow-up visit.

**When can I go back to normal activities?**

You may return to work as soon as you would like. However, if your job requires heavy lifting or strenuous physical activity, your doctor may ask you to wait to return to work until after your post-operative appointment.

Contact the nurse coordinator at 734-936-5738 if you need employer forms completed.

You may drive a vehicle as long as you are not taking any narcotics and your neck stiffness has resolved.

**Do I need a radioactive iodine scan if I have thyroid cancer?**

If you have a specific type of thyroid cancer, you may need a radioactive iodine scan. Your doctor will discuss this with you after your final pathology results are available for review. The report takes 5-7 days to be completed by the pathologist.

If you need a radioactive iodine scan, you will be mailed information about what to expect and how to prepare for the scan.

You will need to stop taking thyroid hormone about two weeks before this test.

For specific questions, call Nuclear Medicine at 734-615-4712.

**What will happen after my surgery -- will I see my surgeon again?**

The clinic nurse coordinator will call you 1-3 days after your discharge to see how you are feeling.

You will be scheduled for a return visit in the Endocrine Surgery clinic about 2 weeks after surgery.

If blood tests have been requested at the time of your return visit, please go to the lab before you check-in for your appointment. Remember to take your lab requisition form with you and allow 15-20 minutes to have your blood drawn.

**Can I resume my previous medications?**

Yes, unless directed not to by your doctor. Before discharge, be sure to review your previous medications with your doctor or inpatient medical team.
What new medications will I take home?

**Thyroid Hormone**: If you have had thyroid surgery, you may be prescribed a type of thyroid hormone replacement called levothyroxine (Synthroid, Levothroid, Levoxyl, etc.). You should take your thyroid hormone medication on an empty stomach and by itself. Avoid taking calcium or any other medication within an hour of taking your thyroid hormone pill. A blood test will be done in 6-8 weeks to ensure the amount prescribed is correct. If you have thyroid cancer, you may be placed on liothyronine (Cytomel) instead of levothyroxine.

**Calcium Supplement**: Your body’s calcium level may decrease after having a total thyroidectomy or a parathyroidectomy. We recommend you purchase your calcium supplement from a pharmacy as it is available over-the-counter and does not require a prescription; the cost is approximately $10-$15 per bottle. The calcium supplement we recommend is Citracal Maximum.

**Citracal Maximum** (calcium citrate 315mg with 250 IU Vitamin D3):

You need to take 2 tabs (one “serving”) to equal a dose of 630mg calcium and 500 IU of vitamin D3.

The standard dose following surgery is 2 tabs three times daily; however, the overall dose and the number of times during the day you should take the medication following surgery will depend on your surgeon’s instructions.

**Vitamin D**: If you are vitamin D deficient, your doctor may prescribe a Vitamin D supplement such as calcitriol (Rocaltrol) or high dose ergocalciferol. The prescription should be filled before you leave the hospital as many pharmacies do not regularly stock these medications.

**When do I call for advice?**

Most patients have no problems after surgery but, if you are concerned, please do not hesitate to call us at the numbers listed below.

Call if you have trouble talking or breathing.
Call if the area around your mouth/lips or the tips of your fingers or hands become numb and begin to tingle as this may mean your calcium level is low. This may be related to pain medicine, where the breathing tube was positioned against your lips, positioning of your arms and hands in the operating room, or how you were positioned when sleeping. If the sensation does not go away within half an hour or worsens prior to that timeframe, call immediately so we can discuss increasing your calcium if we think you need it.

Call if your incision becomes red or begins to drain fluid.

Call if you have difficulty urinating and feel like you aren’t emptying your bladder fully.

Call if you begin feeling worse, rather than better, several days after surgery.

**Contact Information**

On weekdays, contact the Call Center at 734-936-5738 or 734-936-5818 and ask for the Endocrine Surgery Nurse.

On weekends, holidays, or evenings call 734-936-6267 (hospital paging) and ask for the General Surgery Blue team resident-on-call.