**Thyroid Surgery for Patients Endocrine Surgery Tygerberg Hospital**

*By**Ilna Conradie and Rooi Sello with reference to BAETS patient information leaflets*

**About Tygerberg Hospital Endocrine Surgery:**

You will be managed by a TEAM of doctors. Each member of the team has a very specific role, and we need the whole team in order to offer you the best thyroid care.

Tygerberg Hospital is an academic hospital, so there are different levels of specialists you will encounter within the team. The advantage is that you will have a lot of thought and discussion around your case, and you might even learn something when we do our academic rounds!

Endocrine surgeons, Oncologists, Endocrinologists and Anaesthetists focus specifically on your type of disease. We will try and explain more about your disease process and why we are recommending surgery:

**What is the thyroid?**

The thyroid gland is a butterfly-shaped organ in the neck under the voice box, it lies against and around the windpipe at the base of the throat. The thyroid produces thyroid hormone which helps the body to make energy, stay warm, and helps the brain, heart, muscles, and other organs to function as they should. Your body can not survive without thyroid hormone.

**Surgery of the thyroid**

Surgery is recommended for a number of reasons. These include treatment of:

* benign (‘’non-cancerous’’) and
* malignant (“cancerous’’) growths of the thyroid,
* a very large thyroid (goitre) causing problems with breathing or swallowing because of its size
* and sometimes an overactive thyroid (hyperthyroidism)

Surgery might also be indicated if the mass in your thyroid is suspicious for a cancer, and we can’t prove it otherwise with our biopsy. We call this ‘’diagnostic’’ surgery.

**What type of operation?**

There are mainly 2 types of thyroid operations:

* Thyroid lobectomy: the removal of half of the gland – left or right
* Total thyroidectomy: the removal of the entire thyroid gland

An individualised approach is used: your surgeon will recommend the operation that is most suitable for your disease, depending on the reason for surgery as well as your scan results.

If you have thyroid cancer, and there are lymph nodes that looks like they might have cancer in, you might need the lymph nodes removed as well. This is called a lymph node dissection.

**What are the risks of surgery?**

The most important risks of surgery include:

* Bleeding after surgery
* Injury to the voice nerve that makes your vocal cords work, which can make you hoarse
* Injury to the glands (parathyroid glands located in the neck behind the thyroid gland) that control calcium levels in your blood

These risks are higher in patients undergoing surgery for cancer and removal of lymph nodes, a second or third operation, and for large thyroid glands that extend behind the sternum.

These risks are less than 1%, but each patient differs, and your surgeon will explain to your specific benefits and risks of the surgery when you need to give permission for the operation.

**Any medication after surgery?**

It depends on how much of the thyroid is removed. If only half is removed (lobectomy), there is an 20% chance that you will need thyroid hormone medication. If the whole thyroid is removed, you will have to take thyroid hormone tablets for the rest of your life.

**How to take care of your wound:**

You will have a drain in your wound after the operation. This is to decrease the chance of swelling in your neck and it is removed when there is less than 30ml in your drain in 24 hours.

The suture is absorbable, so you do not have to remove it. Keep your dressing on for a week after the operation, and then thereafter you can use micropore as directed by your doctor.

When you are discharged from the hospital, make sure the ward doctor gives you a blood form so that your bloods can be taken 3 days before coming to the Endocrine Clinic for follow up (as needed). Your operation results will be discussed with you during this visit, as well as the future follow up plans.