About Thyroid Surgery

ENT UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about thyroid surgery. It may be helpful in the discussions you have with your GP or specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.

If you have any problems or questions, please contact:

Please insert local department routine and emergency contact details here

If you would like to know more, visit our website at www.entuk.org

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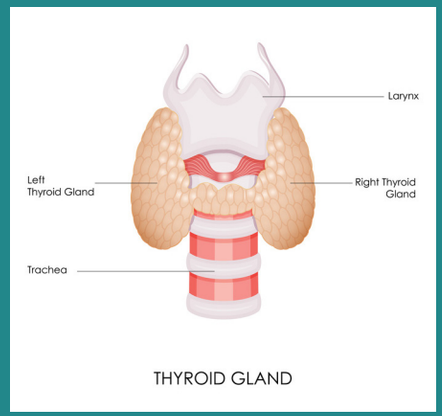
What is the thyroid gland?

The thyroid is a butterfly shaped gland, composed of two lobes joined by an isthmus. It lies in the midline beneath the Adam's apple.



THYROID GLAND

What is the role of the thyroid gland?

The thyroid produces hormones, T4 (thyroxine) and T3 (tri-iodothyronine), which help regulate metabolism, these act on most systems of the body. T3 and T4 increase the metabolic rate of virtually every cell.

What investigations can be carried out?

Blood tests: These provide some information regarding the function of the gland.

Ultrasound: This test uses sound waves to determine the structure of the thyroid gland.

Fine needle aspiration: A fine needle is used to obtain a sample of cells from the gland. These are examined under the microscope in the laboratory.

Laryngeal Assessment: A small telescope is used to assess the function of the vocal cords, prior to any surgery.

Why operate on the thyroid gland?

Enlargement: Lumps may be unsightly and can give rise to swallowing or breathing difficulties.

Over active: The gland may produce excessive amounts of thyroid hormones.

Diagnosis: Lumps may be removed to aid diagnosis.
Tumour: Thyroid surgery is a treatment option for some thyroid cancers.

Surgery on thyroid gland?

Surgery may consist of a total thyroidectomy (removal of the entire gland) or a hemi-thyroidectomy (removal of a single lobe and the isthmus). It is performed under a general anaesthetic, meaning you will be asleep throughout.

An incision is made in the neck along the natural skin crease lines, which heals very well. The thyroid is isolated and removed, care is taken to prevent injury to nerves and the parathyroid glands. A drain (straw like tube) may be placed to prevent blood collecting below the skin. If a drain is used it is usually removed the next day before you can go home.

Potential complications of surgery?

Bleeding: Blood can accumulate beneath the skin. This occurs in less than 1% of patients. Due to the location of the thyroid pressure from bleeding can cause breathing difficulties. It may be necessary to relieve this pressure by opening the wound.

Voice changes: Nerves that control your voice box run very close to the thyroid. There is a slight risk (less than 2%) of injury to this nerve, leading to hoarseness. This is usually a temporary effect with a rapid resolution.

Low Calcium: Parathyroid glands control calcium levels in the blood; they lie at the four corners of the thyroid gland. Every effort is made to preserve them, however they may be traumatised by the operation and take some time to return to normal function. Calcium supplements may be required if the levels are low.

Infection: This is rare (less than 0.5%) and easily treated with antibiotics.

Hypothyroidism: This occurs if the entire thyroid is removed, long-term replacement is required. If only part of the thyroid is removed this is less common.