### Thyroidectomy

What to expect about recovery and follow-up if you need surgery to remove your thyroid.

<table>
<thead>
<tr>
<th>What is the thyroid gland?</th>
<th>Your thyroid gland is a small, butterfly-shaped gland. It is in the lower part of the front of your neck and has a right and left lobe. Your thyroid gland makes hormones that control the way your body turns oxygen and calories into energy (metabolism).</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the parathyroid glands?</td>
<td>Your parathyroid glands are behind your thyroid gland. They produce a hormone that helps to maintain the level of calcium in your blood.</td>
</tr>
</tbody>
</table>

### Anatomy of the Thyroid and Parathyroid Glands

![Anatomy diagram](image)

To Learn More

- Otolaryngology/ENT  
  206-987-2105
- Endocrinology  
  206-987-2640
- Cancer and Blood Disorders Center  
  206-987-2106
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.
### What is a thyroidectomy?

A thyroidectomy is a surgical procedure to remove the thyroid gland. The surgery is done through a small side to side (horizontal) incision in the front of the neck. Sometimes the entire thyroid gland may need to be removed. Other times, it is just a single lobe, or a portion of the gland. Depending on how much is removed, you may need to take a medicine called levothyroxine after surgery. This medicine is taken by mouth (oral). It is a thyroid hormone replacement that is identical to the thyroid hormone your body makes.

### Why is this needed?

Doctors will do this surgery to treat diseases of the thyroid gland, including:

- Thyroid cancer
- Overactive thyroid gland (hyperthyroidism)
- An enlargement of the thyroid gland (goiters) lumps or swelling in the thyroid gland (thyroid nodules) if they are causing symptoms of blocking the throat, such as swallowing or breathing difficulties
- Multiple lumps or swelling in the thyroid gland (multi-nodular goiter)

### What are the risks?

In experienced hands, a thyroidectomy is generally very safe. Complications are uncommon. The most serious possible risks of thyroid surgery include:

<table>
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<th>Risk</th>
<th>Description</th>
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<tr>
<td><strong>Bleeding</strong></td>
<td>Doctors and nurses will watch you in the hospital after surgery for bleeding from the surgical site.</td>
</tr>
<tr>
<td><strong>Injury to a recurrent laryngeal nerve</strong></td>
<td>You may have temporary hoarseness after surgery due to injury to the recurrent laryngeal nerve which moves the muscle of the vocal cords. This nerve is monitored during the surgery to prevent injury. Permanent voice changes are very rare.</td>
</tr>
<tr>
<td><strong>Decrease of your calcium levels</strong></td>
<td>Your parathyroid glands are responsible for your calcium levels. They are very sensitive to surgery. Any small injury may cause your calcium and vitamin levels to go down until they heal. Your doctor may prescribe calcium supplements after surgery for 1 to 2 months. It is very rare to need calcium supplements permanently.</td>
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### What are the types of childhood thyroid cancer?

<table>
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<tr>
<td>Papillary</td>
<td>Papillary thyroid cancer is the most common type of thyroid cancer in children. It is slow growing and has a very good outcome (prognosis). This form commonly spreads to lymph nodes.</td>
</tr>
<tr>
<td>Follicular</td>
<td>Follicular thyroid cancer affects a slightly older age group and is less common in children.</td>
</tr>
<tr>
<td>Medullary</td>
<td>Medullary thyroid cancer is a rare form of thyroid cancer. This type of cancer tends to spread to other parts of the body and makes up about 5 to 10 percent of all thyroid cancers. Medullary thyroid carcinoma (MTC) in children is usually a genetic condition passed down from a parent, such as multiple endocrine neoplasia type 2 (MEN2).</td>
</tr>
<tr>
<td>Anaplastic</td>
<td>Anaplastic thyroid cancer is very rare in children. This is the fastest growing thyroid cancer, with abnormal cells that grow and spread rapidly, especially in the neck.</td>
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</table>
## Thyroidectomy

### After Surgery Care

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<th>Question</th>
<th>Answer</th>
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<tr>
<td><strong>How do I care for the incision?</strong></td>
<td>After surgery you will have stitches that are under the skin that will dissolve. There will be steri-strips over the incision in the neck. They will fall off by themselves, or you can take them off after 10 days. Keep this area dry for 2 to 5 days. After this, short showers are OK. Do not soak this area for 2 weeks (no swimming). If there is redness, drainage or a new symptom, call the Otolaryngology/Ear Nose and Throat (ENT) Clinic 206-987-2105.</td>
</tr>
<tr>
<td><strong>What level of activity can I participate in?</strong></td>
<td>You should plan to take a week off of your normal activities (school/work). You will need to rest at home for 5 to 7 days. You may feel extra tired for up to 2 weeks. You will not be allowed to do strenuous activity (PE, sports, heavy lifting) for 2 weeks. You should get some gentle exercise every day, such as walking.</td>
</tr>
<tr>
<td><strong>What can I eat while I recover?</strong></td>
<td>It is common to feel nauseated for a few days after surgery. Drink lots of fluids to stay hydrated. You can eat whatever you like after surgery. Try to eat healthy foods. You may find it hard to swallow at first. If so, it may be easier to drink liquids and eat soft foods such as soup, pudding, apple sauce or yogurt. Some pain medicines may cause constipation. Eating high-fiber foods and drinking lots of fluids will help make it easier to have bowel movements. If this does not help, try using a fiber product. You can buy this at a drug store. Use this medicine only if recommend by your healthcare provider. Check with your healthcare provider first before taking any type of medicine.</td>
</tr>
<tr>
<td><strong>Pain Medicine</strong></td>
<td>We partner with you to prevent and relieve pain as completely as possible. You may feel pain from this surgical procedure. We encourage you to take an active part in your recovery by talking with your care team about options for you. In addition to medicine prescribed for pain, use coping activities that work for you. No matter what the level of your pain, we join you to assess and respond right away. Pain management is everyone’s responsibility and helps you get better faster. Let your doctor or nurse know if you are in pain. To keep your family safe, store medicines inside a locked cabinet or location where others cannot easily get to them. Once you have recovered from surgery, dispose of all unused prescription medicines. Taking leftover pain or other medicines on purpose or by accident, can be very dangerous. For more information about safe disposal of unused medications including pain medications, read our handout “How to Get Rid of Unused Prescription Medicines” at seattlechildrens.org/pdf/PE784 or visit takebackyourmeds.org to find a take back place near you.</td>
</tr>
<tr>
<td><strong>Other medicines</strong></td>
<td>You may need to take calcium for a few weeks after surgery. This is because the parathyroid gland may not work fully until you recover from surgery. (See the section below about calcium.) If all of your thyroid gland is removed, you will have to take a thyroid hormone replacement medicine (levothyroxine).</td>
</tr>
<tr>
<td><strong>Scar care</strong></td>
<td>You will have a scar on the lower part of your neck where your thyroid was removed. We will give you some silicone gel or sheeting at your follow-up appointment. Sunscreen will also protect your scar so it can heal the best it can. For more about how to care for your scar, read our handout ‘Scar Care’ seattlechildrens.org/pdf/PE2043.pdf.</td>
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</table>
Thyroidectomy

When should I call the doctor?

Please call your ENT surgeon if you have:
- A fever of 101.5 for more than 24 hours
- Severe pain that does not go away
- Redness and swelling that spreads from the incision
- Bleeding or drainage from the incision
- Coughing while eating

Calcium

Because the parathyroid glands are very sensitive, your body’s calcium levels may get too high or too low while your body recovers from surgery. Watch for any of the following symptoms:

Symptoms of low calcium levels (hypocalcemia):
- Any tingling around your mouth,
- Tingling in your fingers or toes
- Muscle cramping or spasms including the face

Symptoms of high calcium levels (hypercalcemia):
- Abdominal pain
- Constipation
- Muscle weakness
- Lethargy
- Nausea
- Confusion

Who do I call?

- If you have concerns about your incision, call ENT at 206-987-2105. After-hours call 206-987-2000 and ask for the on-call ENT provider.
- If you have concerns about your calcium and thyroid medicines, call Endocrine at 206-987-2640. After-hours call 206-987-2000 and ask for the on-call Endocrine provider.

Follow-up

If you are going home on any calcium supplements (Tums) or magnesium supplements, regardless of your level of risk for low calcium levels (hypocalcemia), you must have a blood test within 4 days after going home. Please call your primary care doctor or pediatrician to schedule this test.

Follow-up appointments with ENT/Otolaryngology, Endocrinology and Oncology and will vary depending on your diagnosis and your health when you are going home.